

2002 UNIFORM-BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90160 041 ***150.00

DOCUMENT # 842676

1. Entity Name

NATIONAL ALLIANCE INSURANCE COMPANY

Principal Place of Business

**11960 WESTLINE INDUSTRIAL
 ST. LOUIS MO 63146**

Mailing Address

**11960 WESTLINE INDUSTRIAL
 ST. LOUIS MO 63146**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-1140651

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER & TREASURER
 DEPARTMENT OF INSURANCE
 LARSON BUILDING
 TALLAHASSEE FL 32399-7300**

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ADAMS, STEVE 11960 WESTLINE INDUSTRIAL DR. SAINT LOUIS MO 63146 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT WILLIAMS, JOSEPH D 11960 WESTLINE INDUSTRIAL DR. SAINT LOUIS MO 63146 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYSEN, WAYNE A 11960 WESTLINE INDUSTRIAL SAINT LOUIS MO 63146 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJALA, A.J. 11960 WESTLINE INDUSTRIAL SAINT LOUIS MO 63146 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CRANLEY, JOHN P 11960 WESTLINE DR ST LOUIS MO 63146 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DORAN, STEVE 11960 WESTLINE INDUSTRIAL SAINT LOUIS MO 63146 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Ted Hume 11960 Westline Industrial Dr. Saint Louis, MO 63146 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Scott F. Miller 11960 Westline Industrial Dr. Saint Louis, MO 63146 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Stephen C. Tarkenton 11960 Westline Industrial Dr. Saint Louis, MO 63146 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/V Jeffrey J. Brands 11960 Westline Industrial Dr. Saint Louis, MO 63146 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Thomas A. Donnelly 11960 Westline Industrial Dr. Saint Louis, MO 63146 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Doran, Steve 11960 Westline Industrial Dr. Saint Louis MO 63146 ☒ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JEFFREY J BRANDS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

314-522-2400 x279
 Daytime Phone #