

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842676

FILED
Apr 26, 2005
Secretary of State

Entity Name: NATIONAL ALLIANCE INSURANCE COMPANY

Current Principal Place of Business:

ONE GMAC INSURANCE PLAZA
HAZELWOOD, MO 63045

New Principal Place of Business:

13736 RIVERPORT DRIVE
SUITE 700
MARYLAND HEIGHTS, MO 63043

Current Mailing Address:

500 WEST FIFTH STREET
WINSTON SALEM, NC 27152

New Mailing Address:

FEI Number: 58-1140651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: KUSUMI, GARY Y
Address: ONE GMAC INSURANCE PLAZA
City-St-Zip: HAZELWOOD, MO 63045

Title: EVPD () Delete
Name: BUSELMEIER, BERNARD J
Address: ONE GMAC INSURANCE PLAZA
City-St-Zip: HAZELWOOD, MO 63045

Title: VPD () Delete
Name: BEATTIE, JOHN C
Address: 500 WEST FIFTH ST
City-St-Zip: WINSTON SALEM, NC 27152

Title: VD () Delete
Name: PICKENS, DANIEL C
Address: 500 WEST FIFTH ST
City-St-Zip: WINSTON SALEM, NC 27152

Title: VD () Delete
Name: EVANGELISTA, DANIEL J JR
Address: 500 WEST FIFTH ST
City-St-Zip: WINSTON SALEM, NC 27152

Title: VSD () Delete
Name: POE, SHEENA E
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON SALEM, NC 27152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: KUSUMI, GARY Y
Address: 13736 RIVERPORT DRIVE, SUITE 700
City-St-Zip: MARYLAND HEIGHTS, MO 63043

Title: EVPD (X) Change () Addition
Name: BUSELMEIER, BERNARD J
Address: 13736 RIVERPORT DRIVE, SUITE 700
City-St-Zip: MARYLAND HEIGHTS, MO 63043

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEENA E. POE

VSD

04/26/2005

Electronic Signature of Signing Officer or Director

Date