

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91886 025 ***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
One GMAC Insurance Plaza

3. Mailing Address
500 West Fifth Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hazelwood, MO 63045

City & State
Winston-Salem, NC 27152

4. FEI Number **58-1140651**

Applied For
Not Applicable

Zip Country
63045 USA

Zip Country
27152 USA

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

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, STEVE	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL DR.	
CITY-ST-ZIP	SAINT LOUIS MO 63146	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOSEPH D	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL DR	
CITY-ST-ZIP	SAINT LOUIS MO 63146	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYSEN, WAYNE A	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL	
CITY-ST-ZIP	SAINT LOUIS MO 63146	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HUME, TED	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL	
CITY-ST-ZIP	SAINT LOUIS MO 63146	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MILLER, SCOTT F	
STREET ADDRESS	11960 WESTLINE DR	
CITY-ST-ZIP	ST LOUIS MO 63146	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DORAN, STEVE	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL	
CITY-ST-ZIP	SAINT LOUIS MO 63146	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P CEO D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Y Kusumi	
STREET ADDRESS	One GMAC Insurance Plaza	
CITY-ST-ZIP	Hazelwood, MO 63045	
TITLE	EVP & CFO & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernard J. Buselmeier	
STREET ADDRESS	One GMAC Insurance Plaza	
CITY-ST-ZIP	Hazelwood, MO 63045	
TITLE	VP CA' D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel C. Pickens	
STREET ADDRESS	500 West Fifth Street	
CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE	VP S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheena E. Poe	
STREET ADDRESS	500 West Fifth Street	
CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE	VP T CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald J. Bolar	
STREET ADDRESS	500 West Fifth Street	
CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE	D VP C Claims Policy Sales & Service Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Urankar	
STREET ADDRESS	One GMAC Insurance Plaza	
CITY-ST-ZIP	Hazelwood, MO 63045	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheena E. Poe 4/24/03

(336) 770-2675

Date

Daytime Phone #

CR2E034 (10/02)