2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2006 08:00 AM Secretary of State

DOCUMENT	#F01000004166

1. Entity Name

ALLIANCE INSURANCE GROUP, INC.



Principal Place of Business

Mailing Address

111 EAST BROADWAY, SUITE 340 COLUMBIA, MO 65203

111 EAST BROADWAY, SUITE 340 COLUMBIA, MO 65203



DO NOT WRITE IN THIS SPACE

01172006

No Chg-P

CR2E034 (11/05)

4. FEI Number 43-1933561

Not Applicable \$8.75 Additional

Applied For

5. Certificate of Status Desired

Fee Required

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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. Lam familiar with, and act the obligations of registered agent. SIGNATURE Signalule, typed or privad name of registered spent and title if explicable (hOTE, Registered Agent signature required when reinstants) PILE NOWIS FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 P. Election Campaign Financing Added to Fees O2/16/06-80016-020-150.00 TITLE PD HAME JATHO, DAVID C STREET ADDRESS THE LEST BROADWAY, SUITE 340 COLUMBIA, MO 65203 THE CFO HAME HOMBS, ROY M STREET ADDRESS THE LEST BROADWAY, SUITE 340 COLUMBIA, MO 65203 THE WAME STREET ADDRESS THE STREET ADDRESS			}		IN THE STACE.			**
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report or suppliermental 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 attachme

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP