


**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      111 EAST BROADWAY, SUITE 340  
 COLUMBIA, MO 65203      COLUMBIA, MO 65203

**DO NOT WRITE IN THIS SPACE**



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**43-1933561**      Applied For  
 Not Applicable

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

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

110000420914  
 02/16/06-80016 020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JATHO, DAVID C. 111 EAST BROADWAY, SUITE 340 COLUMBIA, MO 65203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HOMBS, ROY M 111 EAST BROADWAY, SUITE 340 COLUMBIA, MO 65203
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Roy M Hombs      2-1-06      573-874-7909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #