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FORM D



FORM D

UNITED STATES

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Explres:

Estimated aver	age burden
hours per respo	
SEC USE	ONLY
Prefix	Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing X Amendment X Final	ULOB 2006
A. BASIC IDENTIFICATION DATA	JAN 20 MINI
I. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	185/87
Reliance Bancshares, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 11781 Manchester Road, Des Peres, Missouri 63131	Telephone Number (Including Area Code) (314) 965-5300
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Number (Including Area Code) Same
Brief Description of Business Issuer is a Missouri Corporation organize which owns and operates commercial banks in Missouri and office in Florida.	
Type of Business Organization	dease specify):
Actual or Estimated Date of Incorporation or Organization:	1170

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manualty signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2.	Enter the information	requested for the fo	ollowing:				
	Each promoter of	f the issuer, if the is	suer has been organized v	within the past five years;			
	Each beneficial o	wner having the po-	wer to vote or dispose, or d	irect the vote or disposition	n of, 10% or more o	f a class of equity s	ecurities of the issue
				f corporate general and ma			
			of partnership issuers.			•	
				FT 7			
Cnec	k Box(es) that Apply:	X Promoter	Beneficial Owner	X Executive Officer	X Director	General an Managing	
Full 1	Name (Last name first,	if individual)					
٧c	n:Rohr, Jerr	v S.				•	
Busin	ess or Residence Add	ress (Number and	Street, City, State, Zip C	ode)			
_ 37	Fox Meadow,	St. Louis	, Missouri 631	27			
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General an Managing	
Full 1	Name (Last name first,	if individual)					•
Рa	rker, Gary R						
			Street, City, State, Zip C	ode)			
12	030 Gailcres	t Lane, St	. Louis, Misso	uri 63131			
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and Managing	and the second s
Full 1	Name (Last name first,	if individual)					•
				• 1	•	•	
	enemann, Bar		Street, City, State, Zip C	ode)			
		•	, St. Louis, M	•	.:		
	k Box(es) that Apply:	Promoter	Beneficial Owner	Bxecutive Officer	X Director	General and Managing	
Full)	Name (Last name first,	if individual)			· · · · · · · · · · · · · · · · · · ·		
T.4	ndenberg. Ea	-1 G					•
			Street, City, State, Zip Co	ode)			
13	3116 Conway G	rove Lane,	Town & Country	y, Missouri 63	141		
	k Box(es) that Apply:		Beneficial Owner	Executive Officer	X Director	General and Managing	
Full 1	Name (Last name first,	if Individual)					•
Sa	nFilippo, Ja	mes K.					
			Street, City, State, Zip Co	ode)	······································		
_10	436 Litzinge	r Road, St.	Louis, Misson	ri 63131	•		-
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Z Director	General and Managing	
Full 1	Name (Last name first,	if individual)					
Gi	deon, Patric	k R.				•	
Busin	ness or Residence Addi	ess (Number and	Street, City, State, Zip Co	ode)			
_12	211 S.W. Indi	an Hills R	oad, Topeka, K	an s as: 66615			
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	Director	General and Managing	
Full 1	Name (Last name first,	if individual)					
	awder, Forti	·					
			Street, City, State, Zip Co	ode)			
			St. Louis, Mis				•

2. Enter the information requested for the following:			
 Each promoter of the issuer, if the issuer has been organized within the past five years; 			
Bach beneficial owner having the power to vote or dispose, or direct the vote or disposition.	of 10% or more o	factors of equity requrities	of the icone
Each executive officer and director of corporate issuers and of corporate general and man			ar me issue
•	iagnig partitets of	pardicismp issuers; and	
Each general and managing partner of partnership issuers.			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	M Director	General and/or Managing Partner	•
Full Name (Last name first, if individual)			
Demko, Richard M.	· · · · · · · · · · · · · · · · · · ·		
Business or Residence Address (Number and Street, City, State, Zip Code)			
16407 Wilson Creek Road, Chesterfield, Missouri 63005			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	X Director	General and/or Managing Partner	
Full Name (Last name first, if individual)		· · · · · · · · · · · · · · · · · · ·	•
Casazonne, Ralph W.	:		
Business or Residence Address (Number and Street, City, State, Zip Code)			,
170 Round Hill Road, Greenwich, Connecticut 06831	· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	M Director	General and/or Managing Partner	,
Full Name (Last name first, if individual)			
Moller, John J.			
Business of Residence Address (Number and Street, City, State, Zip Code) 905 Rancho Conejo Blvd., Newbury Park, California 913	20		•
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last same first, if individual)			· ,
Business or Residence Address (Number and Street, City, State, Zip Code)			
Dasiness of Residence Mattiess (Transfer and Subset, City, State, Zip Code)		•	
Check Box(es) that Apply: Promoter Beneficial Owner Bxecutive Officer	Director	General and/or	
		Managing Partner	
Full Name (Last same first, if Individual)		•	
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if individual)		······································	•
Business or Residence Address (Number and Street, City, State, Zip Code)			<u> </u>
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
(Use blank sheet, or copy and use additional copies of this s	heet, as necessary)	

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1 E	Inatha	ionnas anti	d, or does t	the leaner i	mtand to ac		ditadi	instantora i-	n this offer	i= ~0		Yes	No
1. F	185 1110	issuer son	a, or does t			•				•	•••••••••••	🛘	
2 1	l/botis	سائمان				1 Appendix		_				615A	000 00
	(Per	centage	num investr e of ow	mershi	p or le	ess for	currer	nt inve	stors	or \$50,		\$ <u>50</u> r Yes	,000.00 No
3. E	Does the	e offering	permit joir	at ownershi	ip of a sing	gle unit?	I	new inv	estors	1)		🕅	
4. E	inter th	e informat	lion reques ilar remune	ted for eac	h person v	vho has bee	n or will l	e paid or	given, dire	ctly or ind			
I	f a pers	on to be lis	ted is an as	sociated pe	erson or ag	ent of a brol	er or deale	r registere	d with the S	SEC and/or	with a sta	te	
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Busin	ess or l	Residence	Address (1	Number an	d Street, C	ity, State, 2	(ip Code		-				
Name	of Ass	ociated Br	oker or De	aler	•								
States	in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
			or check							•••••••••		🗌 Al	1 States
17	AL	AK	AZ	AR	CA	CO	CT	DE	DC	[FL]	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
Ļ	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full N	Vame (I	ast name	first, if ind	ividual)						<u> </u>			
Busin	ess or	Residence	Address (Number an	d Street, C	ity, State,	Zip Code)						
	 		· · · · · · · · · · · · · · · · · · ·										
Name	of Ass	ociated Br	oker or De	aler									
States	in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	s" or check	individual	States)	************		***********		***********		. 🗌 Al	l States
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_	MT	NE	NV	NH	NI	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	IX	UT	VT	VA	WA	WY	WL	WY	PR
Full N	Name (I	ast name	first, if ind	ividual)								· · · · · · · · · · · · · · · · · · ·	·
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Busin	ess or	Residence	Address (Number an	a Street, C	ity, State, A	Lip Code)						
Name	of Ass	ociated Br	oker or De	aler	, ·								
States	in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit l	Purchasers			 			•
(Check	"All States	s" or check	individual	States)	•••••	***************************************	••••••	• • • • • • • • • • • • • • • • • • • •	•••••		. 🔲 Ali	States
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	IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
_	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	∇T	VA	WA	$\overline{\mathbf{W}}\mathbf{V}$	WI	$\overline{\mathbf{W}}\mathbf{Y}$	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check				
	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
			egate	Amo	ount Already
	Type of Security	Offerin	g Price		Sold
	Debt				
	Equity	18,9	37 , 03	4 <u>\$13</u>	,640,879
	∑ Common ☐ Preferred				
	Convertible Securities (including warrants)	5		\$	
	Partnership Interests	S		\$	
	Other (Specify)			\$	
	Total	18,9	37,03	4 <u>\$13</u>	,640,879
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Num Inves	stors	Do	Aggregate llar Amount Purchases
	Accredited Investors			\$ <u>1</u>	<u>3,640,87</u> 9
	Non-accredited Investors	0		\$	0.00
	Total (for filings under Rule 504 only)	·		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type Secur	rity	Do	llar Amount Sold
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			\$	<u> </u>
	Total			\$	0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				·
	Transfer Agent's Fees			\$	0.00
	Printing and Engraving Costs		. 🗓	<u>\$4,</u>	000.00
	Legal Fees		. 🔯	\$25,	000.00
	Accounting Fees		. 🛛	\$25,	000.00
	Engineering Fees		. 🗆	\$	0.00
	Sales Commissions (specify finders' fees separately)			\$	0.00
	Other Expenses (identify)		· 🗓	\$_6	000.00
	Total			-	000.00

bel.	C. OFFERING PRICE, NUMBER OF	INVESTORS, E	XPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price and total expenses furnished in response to Part C — Question proceeds to the issuer."	14.a. This differ	ence is the "adjusted gros	S	\$18,877,034
5.	Indicate below the amount of the adjusted gross proceed to the each of the purposes shown. If the amount for any purpose check the box to the left of the estimate. The total of the payre proceeds to the issuer set forth in response to Part C — Que	se is not known ments listed mus	, furnish an estimate and t equal the adjusted gros	i	
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		,	S	\$
	Purchase of real estate				
	Purchase, rental or leasing and installation of machinery and equipment			_	
	Construction or leasing of plant buildings and facilities				
	Acquisition of other businesses (including the value of secondering that may be used in exchange for the assets or secondering pursuant to a merger)	curities involved curities of anoth	in this er		
	Repayment of indebtedness				
	Working capital				
	Other (specify):			□ ⊅	- Цъ
				\$	
	Column Totals	••••••		X\$18,877,0	34□\$
	Total Payments Listed (column totals added)			X \$ 1	8,877,034
	D. F.	EDERAL SIGN	ATURE		
sig	e issuer has duly caused this notice to be signed by the undersignature constitutes an undertaking by the issuer to furnish to the information furnished by the issuer to any non-accredited in	he U.S. Securiti	es and Exchange Commi	ssion, upon writte	
Iss	uer (Print or Type) Signatu	ure	10	Date	
Re:	liance Bancshares, Inc.	tum.	Konden	1/12/0	6
Na	me of Signer (Print or Type) Title of	f Signer (Print	or Type)		·····
F	ortis M. Lawder Secre	etary			**************************************

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X
See Annendix Column 5 for state response		

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date	
Reliance Bancshares, Inc.	Later My , Trander 1/12/06	
Name (Print or Type)	Title (Print or Type)	
Fortis M. Lawder	Secretary	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	-			AI	PPENDIX				
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ		X	\$38,000	1	\$38,000	0			X
AR									
CA					\				
СО		x	\$66,500	1	\$66,500	0			x
СТ									
DE									
DC	·								
FL		X	\$230,6600	5	\$230,660	0			_x
GA									
ні									
ID									
п		X	\$4,804,173	5	\$4,804,1	73 (0			
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MA				`					
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1	Intendato non-a	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО		X	\$12,460,775	68	\$7,164,6	20 <u>0</u>			X	
МТ										
NE	-									
NV										
NH										
ŊJ										
NM						·				
NY										
NC										
ND										
ОН		XX	\$19,000	1	\$19,000	. 0			X	
OK										
OR										
PA										
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SD						1 *				
TN		X	\$217,892	3	\$217,892	0			x	
TX			1,100,034	2	\$1,100,0				X	
UT										
VT										
VA								074	LON A 777 AV 2 - 2 - 20 - 20 L	
WA		The state of the s							V 1.7 V 1.0	
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WI										

1	Intend to non-a investor	2 If to sell accredited as in State 3-Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	APP	APPENDIX 4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited			Yes	No
WY									
PR									