2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003982

Entity Name: NEWSTEAD INSURANCE COMPANY

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:		
5080 SPECTRUM DR., SUITE 900 EAST ADDISON, TX 75001					
Current Mailing Address:			New Mailir	New Mailing Address:	
5080 SPECTRUM DR., SUITE 900 EAST ADDISON, TX 75001					
FEI Number: 77-0636729 FEI Number Applied For () FEI Nu		Number Not Appli	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:					
	Electroni	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ASHLEY, WILLIA	/I DR., SUITE 900 EAST	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ASHLEY, WILLIAM 5080 SPECTRUM DR., SUITE 900 EAST ADDISON, TX 75001	
Title: Name: Address: City-St-Zip:	HEATHERLY, DA	/I DR., SUITE 900 EAST	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition HEATHERLY, DAVID 5080 SPECTRUM DR., SUITE 900 EAST ADDISON, TX 75001	
Title: Name: Address: City-St-Zip:	PRIMERANO, RI	/I DR., SUITE 900 EAST	Title: Name: Address: City-St-Zip:	DCFO (X) Change () Addition PRIMERANO, RICHARD 5080 SPECTRUM DR., SUITE 900 EAST ADDISON, TX 75001	
Title: Name: Address: City-St-Zip:	NUENKE, MIKE	Delete // DR., SUITE 900 EAST 5001	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BOWDEN, TRÁC	/I DR., SUITE 900 EAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHLAEGEL, W	/I DR., SUITE 900 EAST	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TRACY BOWDEN S 01/10/2006