

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003982

FILED
Feb 13, 2008
Secretary of State

Entity Name: NEWSTEAD INSURANCE COMPANY

Current Principal Place of Business:

5080 SPECTRUM DR., SUITE 900 EAST
ADDISON, TX 75001

New Principal Place of Business:

Current Mailing Address:

5080 SPECTRUM DR., SUITE 900 EAST
ADDISON, TX 75001

New Mailing Address:

FEI Number: 77-0636729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: ASHLEY, WILLIAM
Address: 5080 SPECTRUM DR., SUITE 900 EAST
City-St-Zip: ADDISON, TX 75001

Title: DP () Delete
Name: HEATHERLY, DAVID
Address: 5080 SPECTRUM DR., SUITE 900 EAST
City-St-Zip: ADDISON, TX 75001

Title: DCFO () Delete
Name: PRIMERANO, RICHARD
Address: 5080 SPECTRUM DR., SUITE 900 EAST
City-St-Zip: ADDISON, TX 75001

Title: D () Delete
Name: NUENKE, MIKE
Address: 5080 SPECTRUM DR., SUITE 900 EAST
City-St-Zip: ADDISON, TX 75001

Title: S () Delete
Name: BOWDEN, TRACY
Address: 5080 SPECTRUM DR., SUITE 900 EAST
City-St-Zip: ADDISON, TX 75001

Title: T () Delete
Name: SCHLAEGEL, WOLDEMAR
Address: 5080 SPECTRUM DR., SUITE 900 EAST
City-St-Zip: ADDISON, TX 75001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: SELF, NANCY
Address: 5080 SPECTRUM DRIVE STE 900E
City-St-Zip: ADDISON, TX 75001

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NANCY SELF

AS

02/13/2008

Electronic Signature of Signing Officer or Director

_____ Date