FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K94719** **(7)**

1. Corporation Name
NEW ALLIANCE INSURANCE COMPANY

Principal Place of Business
980 N. FEDERAL HWY.
SUITE 412
BOCA RATON FL 33432

Mailing Address
980 N. FEDERAL HWY.
SUITE 412
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 10/16/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0147776 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☒ Change ☐ Addition	
NAME	SAVIANO, JOSEPH JOHN	NAME	
STREET ADDRESS	4130 NE 31ST AVE.	STREET ADDRESS	980 N. Federal Hwy., Suite 412
CITY-ST-ZIP	LIGHTHOUSE POINT FL	CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	DVS	☒ Change ☐ Addition	
NAME	METANIAS, GEORGE ANDREW	NAME	
STREET ADDRESS	5790 A. FOX HOLLOW DRIVE	STREET ADDRESS	980 N. Federal Hwy., Suite 415
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	DVT	☒ Change ☐ Addition	
NAME	SAVIANO, STEVEN JOSEPH	NAME	
STREET ADDRESS	17018 NEWPORT CLUB DRIVE	STREET ADDRESS	980 N. Federal Hwy., Suite 415
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	D	☒ Change ☐ Addition	
NAME	SUBIN, NEIL	NAME	
STREET ADDRESS	2519 N OCEAN BLVD., APT 312-A	STREET ADDRESS	980 N. Federal Hwy., Suite 206
CITY-ST-ZIP	BOCA RATON FL 33432	CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	D	☒ Change ☐ Addition	
NAME	BULLINGTON, DOUGLAS W	NAME	
STREET ADDRESS	18500 NW 81ST COURT	STREET ADDRESS	9690 Doral Blvd.
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, FL 33178
TITLE		☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven Saviano, VP. — 4/29/95 — (407) 750-9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Steven J. Saviano, VP.

0258475 CP