FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

NEW ALLIANCE INSURANCE COMPANY

Principal Plac	e of Business	Mailing Address	S					IA IBII BHIR DH	EN DIEN BUEN BIS	
980 N. FEDER	RAL HWY.	980 N. FEDERAL	L HWY.							
SUITE 412 SUITE 412						20 1107 111	DITE IN THE	0.004.05		
BOCA RATON FL 33432 BOCA RATON FL 33432							DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
							,	80		
2. Principal P	lace of Business	2a, Mailino Addr	ress				10/16/1989 4. FEI Number		I Ar	pplied For
21		26				65-0147776			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #,	, etc.							Additional
22		27					5. Certificate of Status Desired		Fee Ro	equired
City & Stat	е	City & State		<u></u>			6. Election Campaign Financin	9	\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Z ıp	Country	Zıp		Country	У		8. This corporation owes or ha	•		
24	25	29	34	0	_		Personal Property Tax due			_ No
	9. Name and Address of Curre	int Registered Agent		81	Nar		10. Name and Address of Nev	Registere	d Agent	
	SURANCE COMMISSIONER			61	Nar	ne				
	E CAPITOL			62	Stre	et Addre	ss (P.O. Box Number is Not Acce	ptable)		
TA	LLAHASSEE FL 32301			83	 					
				~	Ί					
				84	City			F	85 Zip	Code
de District	to the providence of Continue COZ GE	00 and 007 4500 Florid	da Ciak da i							10
agent la	to the provisions of Sections 607.05 registered agent, or both, in the State or familiar with, and accept the oblig	gations of Section 607:	.0505, Florid	da Statute		•	•		•	•
SIGNATURE	Signature, typed or printed name of registered ag	gent and tille d applicable		Registered Ag			d when reinstating)	DATE	·	
12.	OFFICERS AN	ont and tilled applicable ND DIRECTORS	(NOTE: F	Registered Ag				DATE	ND DIRECTOR	RS IN 12
12. TITLE	OFFICERS AN	gent and tille d applicable	(NOTE: F	Registered Ag 13. 1.1 TITLE	ent sign	iture require	d when reinstating)	DATE	ND DIRECTOR	
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14. I hereby certify that the information supplied with this filing 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

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED

May 07 1998 8:00am

Secretary of State