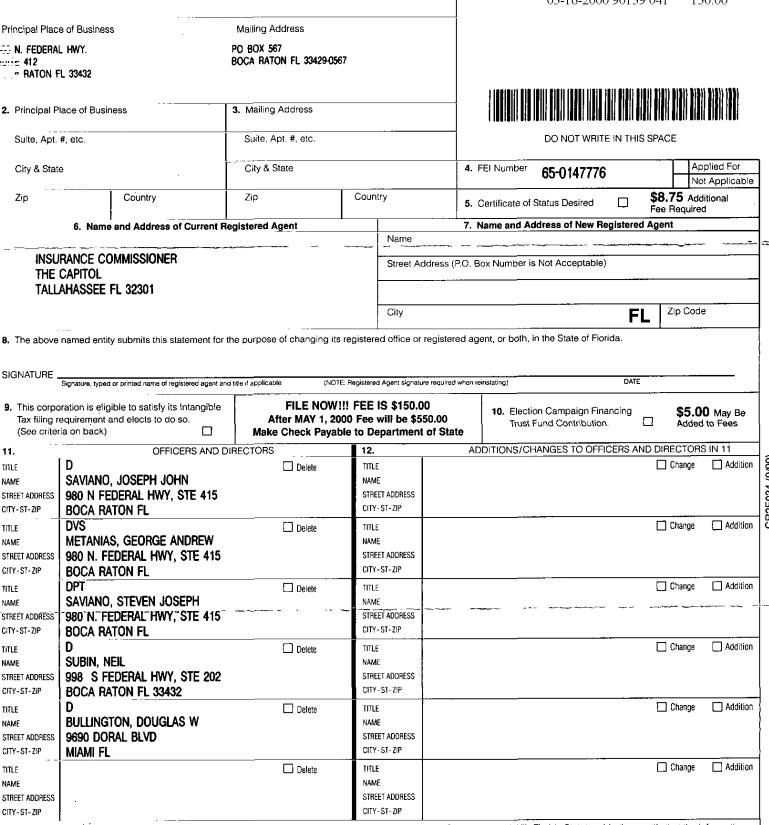
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K94719** 1. Entity Name **NEW ALLIANCE INSURANCE COMPANY** Principal Place of Business Mailing Address N. FEDERAL HWY. PO BOX 567 BOCA RATON FL 33429-0567 ------ 412 ... A RATON FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90159 041 ***150.00



13. 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 report or supplemental 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 11 or Block 12 if changed; or on an attachment with an address with all other like empowered.

SIGNATURE: 🗷

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR