

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K94719

1. Entity Name

NEW ALLIANCE INSURANCE COMPANY

Principal Place of Business

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

Mailing Address

PO BOX 567
BOCA RATON FL 33429

2. Principal Place of Business

980 N. Federal Hwy.
Suite, Apt. #, etc. Suite 415

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33432

Country

USA

Country

4. FEI Number

65-0147776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE:

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SAVIANO, JOSEPH JOHN	
STREET ADDRESS	980 N FEDERAL HWY, STE 415	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	METANIAS, GEORGE ANDREW	
STREET ADDRESS	980 N. FEDERAL HWY, STE 415	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	SAVIANO, STEVEN JOSEPH	
STREET ADDRESS	980 N. FEDERAL HWY, STE 415	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUBIN, NEIL	
STREET ADDRESS	998 S FEDERAL HWY, STE 202	
CITY- ST- ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLINGTON, DOUGLAS W	
STREET ADDRESS	9690 DORAL BLVD	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90287 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)