

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94719

FILED
Apr 25, 2004
Secretary of State

Entity Name: NEW ALLIANCE INSURANCE COMPANY

Current Principal Place of Business:

980 N. FEDERAL HWY.
SUITE 415
BOCA RATON, FL 33432

New Principal Place of Business:

PO BOX 567
BOCA RATON, FL 33429

Current Mailing Address:

PO BOX 567
BOCA RATON, FL 33429

New Mailing Address:

FEI Number: 65-0147776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: D () Delete
Name: SAVIANO, JOSEPH JOHN,
Address: 980 N FEDERAL HWY, STE 415
City-St-Zip: BOCA RATON, FL

Title: DVS () Delete
Name: METANIAS, GEORGE AND, REW
Address: 980 N. FEDERAL HWY, STE 415
City-St-Zip: BOCA RATON, FL

Title: DPT () Delete
Name: SAVIANO, STEVEN JOSE, PH
Address: 980 N. FEDERAL HWY, STE 415
City-St-Zip: BOCA RATON, FL

Title: D (X) Delete
Name: SUBIN, NEIL
Address: 980 N. FEDERAL HWY, STE. 415
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Delete
Name: BULLINGTON, DOUGLAS W
Address: 1300 SAWGRASS CORP. PKWY #300
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SAVIANO, JOSEPH J
Address: PO BOX 567
City-St-Zip: BOCA RATON, FL 33429

Title: DVS (X) Change () Addition
Name: METANIAS, GEORGE A
Address: PO 567
City-St-Zip: BOCA RATON, FL 33429

Title: DPT (X) Change () Addition
Name: SAVIANO, STEVEN J
Address: PO BOX 567
City-St-Zip: BOCA RATON, FL 33429

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 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 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: STEVEN J. SAVIANO, PRESIDENT

PRES

04/25/2004

Electronic Signature of Signing Officer or Director

Date