

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101000

FILED
May 14, 2009
Secretary of State

Entity Name: NEW AMERICA INSURANCE COMPANY

Current Principal Place of Business:

P.O. BOX 110
TALLAHASSEE, FL 32302

New Principal Place of Business:

2020 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32302

Current Mailing Address:

P.O. BOX 110
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 65-0879015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 GAINES ST.
P.O. BOX 6200
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER
200 GAINES ST.
TALLAHASSEE, FL 32399 US

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:

05/14/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: R () Delete
Name: DEPARTMENT OF FINANCIAL SERVICES
Address: P.O. BOX 110
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 BRANGACCIO

ATTY

05/14/2009

Electronic Signature of Signing Officer or Director

Date



DEPARTMENT OF FINANCIAL SERVICES

P98-1010
5-14-09

Division of Rehabilitation and Liquidation
www.floridainsurancereceiver.org

May 14, 2009

Florida Department of Financial Services
Financial Services Commission
Office of Insurance Regulation
Revenue Processing Section
P.O. Box 6100
Tallahassee, Florida 32314-6100

Re: New America Insurance Company – Document # P98000101000

To Whom It May Concern:

New America Insurance Company ("New America") was placed in Receivership by the Leon County Circuit Court on July 1, 2004, Case # 04-CA-1654. The Florida Department of Financial Services is the court appointed Receiver of New America.

Section 631.231, Florida Statutes states:

Exemption from fees.--The department or office shall not be required to pay any fee to any public officer in this state for filing, recording, issuing a transcript or certificate, or authenticating any paper or instrument pertaining to the exercise by the department or office of any of the powers or duties conferred upon it under this chapter, whether or not such paper or instrument be executed by the department or office or their employees or attorneys of record and whether or not it is connected with the commencement of any action or proceeding by or against the department or office, or with the subsequent conduct of such action or proceeding.

We feel that this exemption applies to New America Insurance Company for the fees associated with the Renewal of the Annual Report referenced in the subject line.

Please review our position and reply by mail.

Thank you for your consideration.

Sincerely,

Mike Connolly, MBA
Estate Management Analyst
Florida Department of Financial Services
Division of Rehabilitation & Liquidation

Enclosure

Mike Connolly, MBA • Estate Management Analyst
Division of Rehabilitation & Liquidation
P.O. Box 110 • Tallahassee, FL 32302-0110 • Tel. 850-413-4532 • Fax 850-922-0289
Email • Michael.Connolly@myfloridacfo.com
Affirmative Action • Equal Opportunity Employer