

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211509474

1.) CORPORATION NAME:

**NEWPORT INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

DUE DATE: **5/31/2011**

SCC ID NO: **F1708975**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**AZ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 N TRYON ST  
NC1-021-02-20

CITY/ST/ZIP: CHARLOTTE, NC 28255-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CHRISTINE COSTAMAGNA  
TITLE: SECRETARY  
ADDRESS: 401 N TRYON ST  
NC1-021-02-20  
CITY/ST/ZIP/CO: CHARLOTTE, NC 28255-

OFFICER  DIRECTOR

NAME: DONNA DESOUZA  
TITLE: SVP  
ADDRESS: 401 N TRYON ST  
NC1-021-02-20  
CITY/ST/ZIP/CO: CHARLOTTE, NC 28255-

OFFICER  DIRECTOR

NAME: KEN MERTZEL  
TITLE: CFO/DIRECTOR  
ADDRESS: 401 N TRYON ST  
NC1-021-02-20  
CITY/ST/ZIP/CO: CHARLOTTE, NC 28255-

OFFICER  DIRECTOR

NAME: MARK A. MCELROY  
TITLE: PRESIDENT  
ADDRESS: 401 N TRYON ST  
NC1-021-02-20  
CITY/ST/ZIP/CO: CHARLOTTE, NC 28255-

OFFICER  DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DONNA DESOUZA

DONNA DESOUZA, SVP

5/9/2011

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE  
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.