

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

102

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 810795 (5)**

1. Corporation Name

**NEWARK INSURANCE COMPANY**



Principal Place of Business

Mailing Address

**9300 ARROWPOINT BLVD.  
P. O. BOX 1000  
CHARLOTTE NC 28201  
US**

**9300 ARROWPOINT BLVD.  
P. O. BOX 1000  
CHARLOTTE NC 28201  
US**

3. Date Incorporated or Qualified  
**02/07/1956**

3a. Date of Last Report  
**03/08/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32304**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **PRESTOPINO, FRANK J.**  
STREET ADDRESS **9300 ARROWPOINT BLVD.**  
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **SVP** ☐ DELETE

NAME **BRODERICK, TERRY**  
STREET ADDRESS **9300 ARROWPOINT BLVD.**  
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **T** ☐ DELETE

NAME **KLINE, PHILIP E.**  
STREET ADDRESS **9300 ARROWPOINT BLVD.**  
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **V** ☐ DELETE

NAME **AARON, NEAL C**  
STREET ADDRESS **9300 ARROWPOINT BLVD.**  
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **CPC** ☐ DELETE

NAME **MENDELSON, ROBERT V**  
STREET ADDRESS **9300 ARROWPOINT BLVD.**  
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **V** ☐ DELETE

NAME **AGLER, LARRY E**  
STREET ADDRESS **9300 ARROWPOINT BLVD.**  
CITY-ST-ZIP **CHARLOTTE NC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Please see the attached list for a complete listing of officers and directors.

**400001792874**  
**-04/24/96--01057--055**  
**\*\*\*1400.00**

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lyca W. W. W.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/96

Date

704/522-2739

Daytime Phone

CR2E034 (12/95)

**DIRECTORS:**

Chairman  
Director  
Director

**OFFICERS:**

President and Chief Executive  
Officer

Senior Vice President  
Senior Vice President and Chief  
Financial Officer

Senior Vice President and Chief Underwriting Officer

Senior Vice President and Chief  
Investment Officer

Senior Vice President

Senior Vice President

Senior Vice President

Vice President

**Vice President**

**Vice President**

**Vice President**

**Vice President**

**Vice President**

**Vice President**

**Vice President**

Vice President

Vice President/Finance Officer  
 Vice President

**Vice President**  
**Vice President**

**Vice President**  
**Vice President**

Vice President and Appointed Actuary  
Vice President

Vice President  
Vice President

Vice President  
Vice President

Vice President  
Vice President

Vice President  
Vice President

Vice President  
Vice President

Vice President  
Vice President

Vice President  
Vice President

Vice President  
Vice President

Vice President and Corporate  
Secretary

Vice President  
Vice President

Vice President  
Mr. President

Vice President  
Equity Investments

Equity Investment Officer  
Fixed Income Investment O

Fixed Income Investment Officer  
Assistant Corporate Secretary

Assistant Corporate Secretary  
Treasurer

Treasurer  
Comptroller

Controller