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PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **810795** **(5)**

1. Corporation Name
NEWARK INSURANCE COMPANY

200002138352
-04/09/97--01115--014
***165.00

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 28201-1000 US

3. Date Incorporated or Qualified: 02/07/1956
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 13-5276670 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☒ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	PRESTOPINO, FRANK J.	1.2 NAME	REIERSEN, JOHN D.
STREET ADDRESS	9300 ARROWPOINT BLVD.	1.3 STREET ADDRESS	100 CHARLES LINDBERGH BLVD.
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	UNIONDALE,NY
TITLE	SVP ☒ DELETE	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	BRODERICK, TERRY	2.2 NAME	WALLACH, ROBERT M.
STREET ADDRESS	9300 ARROWPOINT BLVD.	2.3 STREET ADDRESS	100 CHARLES LINDBERGH BLVD.
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	UNIONDALE,NY
TITLE	T ☒ DELETE	3.1 TITLE	T ☒ Change ☐ Addition
NAME	KLINE, PHILIP E.	3.2 NAME	NEZAMOODEEN, PHILBERT A.
STREET ADDRESS	9300 ARROWPOINT BLVD.	3.3 STREET ADDRESS	100 CHARLES LINDBERGH, BLVD
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	UNIONDALE, NY
TITLE	V ☒ DELETE	4.1 TITLE	S ☒ Change ☐ Addition
NAME	AARON, NEAL C	4.2 NAME	JACKSON, JASPER
STREET ADDRESS	9300 ARROWPOINT BLVD.	4.3 STREET ADDRESS	100 CHARLES LINDBERGH BLVD.
CITY-ST-ZIP	CHARLOTTE NC	4.4 CITY-ST-ZIP	UNIONDALE, NY
TITLE	CPC ☒ DELETE	5.1 TITLE	VP ☒ Change ☐ Addition
NAME	MENDELSOHN, ROBERT V	5.2 NAME	MASOTTI, MICHELLE
STREET ADDRESS	9300 ARROWPOINT BLVD.	5.3 STREET ADDRESS	100 CHARLES LINDBERGH BLVD.
CITY-ST-ZIP	CHARLOTTE NC	5.4 CITY-ST-ZIP	UNIONDALE, NY
TITLE	V ☒ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	AGLER, LARRY E	6.2 NAME	SEE ATTACHED LISTING
STREET ADDRESS	9300 ARROWPOINT BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	6.4 CITY-ST-ZIP	

14. I do 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 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: Michelle A. Masotti — 04/09/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000071A

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

pg. 2 of 2

ANNUAL STATEMENT
As of December 31, 1996

OF THE CONDITION AND AFFAIRS OF THE

NEWARK INSURANCE COMPANY

NAIC Group Code 0515 NAIC Company Code 24643 Employer's ID Number 13-3276670

Organized under the Laws of the State of New Jersey

MADE TO THE

INSURANCE DEPARTMENT OF THE STATE OF

pursuant to the laws thereof

Incorporated, November 4, 1811 Commenced Business, May 14, 1810

HOME OFFICE: 200 METROPLEX DRIVE, EDISON, NEW JERSEY 08817

MAIL ADDRESS, MAIN ADMINISTRATIVE OFFICE: 100 CHARLES LINDBERGH BLVD., UNIONDALE, NEW YORK 11553

Area Code 516 Telephone Number 228-5000

PRIMARY LOCATION OF BOOKS AND RECORDS: 200 METROPLEX DRIVE, EDISON, NEW JERSEY 08817

Area Code 908 Telephone Number 777-5300

CONTACT PERSON: Michelle Masotti

Area Code 516 Telephone Number 228-5000 Ext. 3727

OFFICERS

PRESIDENT

John David Reiersen

SECRETARY

Jasper John Jackson

TREASURER

Philbert Anthony Nezamoodeen

VICE PRESIDENTS

Michelle Ann Masotti
Gary Lloyd Repiecki
Michael Joseph Serpico
Brad Wagner
Robert Matthew Wallach

DIRECTORS OR TRUSTEES

Roy Divittorio
Lawrence Sigmund Isaacs
Jasper John Jackson
Kenneth John Karasinski
Philbert Anthony Nezamoodeen
John David Reiersen
Brad Wagner
Francis Wallach
Robert Matthew Wallach
William Wallach

State of NEW YORK
County of NASSAU } ss