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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810795 (5)
 1. Corporation Name
NEWARK INSURANCE COMPANY



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

Principal Place of Business 9300 ARROWPOINT BLVD. P. O. BOX 1000 CHARLOTTE NC 28201 US	Mailing Address 9300 ARROWPOINT BLVD. P. O. BOX 1000 CHARLOTTE NC 28201-1000 US
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3. Date incorporated or Qualified 02/07/1956	3a. Date of Last Report 04/24/1996
4. FET Number 13-6276670	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C.	1.1 TITLE	P
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	2.1 TITLE	VP
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	3.1 TITLE	T
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	4.1 TITLE	S
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	5.1 TITLE	VP
NAME	MENDELSON, 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	6.1 TITLE	
NAME	AGLER, LARRY E	6.2 NAME	
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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____
 4/9/97

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

**ANNUAL STATEMENT
As of December 31, 1996**

pg. 2 of 2

OF THE CONDITION AND AFFAIRS OF THE

NEWARK INSURANCE COMPANY

NAIC Group Code 0513

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 Nazamooden

VICE PRESIDENTS

Michelle Ann Masotti

Gary Lloyd Ropiecki

Michael Joseph Serpio

Brad Wagner

Robert Matthew Wallach

DIRECTORS OR TRUSTEES

Roy Divittorio

John David Reiersen

Lawrence Sigmund Isaacs

Brad Wagner

Jasper John Jackson

Francis Wallach

Kenneth John Karasinski

Robert Matthew Wallach

Philbert Anthony Nazamooden

William Wallach