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FILED
Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810795 (5)

1. Corporation Name
NEWARK INSURANCE COMPANY

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

3. Date Incorporated or Qualified 02/07/1956	3a. Date of Last Report 04/24/1996
4. FEI Number 13-5276670	Applied For 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 type="checkbox"/> 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. City
84. City
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 re-registering)

12. OFFICERS AND DIRECTORS		
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	PRESTOPINO, FRANK J.	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	BRODERICK, TERRY	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KLINE, PHILIP E.	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	AARON, NEAL C	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	CPC	<input checked="" type="checkbox"/> DELETE
NAME	MENDELSON, ROBERT V	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	(See Attached Sheet)	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	(See Attached Sheet)	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	(See Attached Sheet)	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	(See Attached Sheet)	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	(See Attached Sheet)	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 _____

CFR2034 (9/96)

All Additions

President

**John David Reiersen
100 Charles Lindbergh Blvd.
Uniondale, NY 11553**

Secretary

**Jasper John Jackson
100 Charles Lindbergh Blvd.
Uniondale, NY 11553**

Treasurer

**Philbert Anthony Nezamoodeen
100 Charles Lindbergh Blvd.
Uniondale, NY 11553**

Vice President

**Michelle Ann Masotti
100 Charles Lindbergh Blvd.
Uniondale, NY 11553**

Vice President

**Gary Lloyd Ropiecki
100 Charles Lindbergh Blvd.
Uniondale, NY 11553**

Vice President

**Michael Joseph Serpico
100 Charles Lindbergh Blvd.
Uniondale, NY 11553**

Vice President

**Brad Wagner
100 Charles Lindbergh Blvd.
Uniondale, NY 11553**

Vice President

**Robert Matthew Wallach
100 Charles Lindbergh Blvd.
Uniondale, NY 11553**

Director

**Roy Divittorio
100 Charles Lindbergh Blvd.
Uniondale, NY 11553**

Director

**Lawrence Sigmund Isaacs
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Jasper John Jackson

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Kenneth John Karasinski

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John David Reiersen

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Brad Wagner

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Director

Francis Wallach

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Director

Robert Matthew Wallach

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Director

William Wallach

**100 Charles Lindbergh Blvd.
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