

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 8300 ARROWPOINT BLVD. P. O. BOX 1000 CHARLOTTE NC 28201 US	Mailing Address 8300 ARROWPOINT BLVD. P. O. BOX 1000 CHARLOTTE NC 28201 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 200 Metroplex Drive Suite, Apt. #, etc. 22 City & State 23 Edison, NJ Zip 24 08817 Country 25 US		2a. Mailing Address 26 1055 Stewart Avenue Suite, Apt. #, etc. 27 P.O.Box 9020 City & State 28 Bethpage, NY Zip 29 11714 Country 30 US		3. Date Incorporated or Qualified 02/07/1956 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 <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REITERSEN, JOHN D	1.2 NAME	Reiersen, John D
STREET ADDRESS	100 CHARLES LINDBERGH BLVD.	1.3 STREET ADDRESS	P.O.Box 9020 (N/A)
CITY-ST-ZIP	UNIONDALE NY 11553	1.4 CITY-ST-ZIP	Bethpage, NY 11714
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACH, ROBERT M	2.2 NAME	Wallach, Robert M
STREET ADDRESS	100 CHARLES LINDBERGH BLVD.	2.3 STREET ADDRESS	P.O.Box 9020 (N/A)
CITY-ST-ZIP	UNIONDALE NY 11553	2.4 CITY-ST-ZIP	Bethpage, NY 11714
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEZAMOODEEN, PHILBERT A	3.2 NAME	Nezamooddeen, Philbert A
STREET ADDRESS	100 CHARLES LINBERGH BLVD.	3.3 STREET ADDRESS	P.O.Box 9020 (N/A)
CITY-ST-ZIP	UNIONDALE NY 11553	3.4 CITY-ST-ZIP	Bethpage, NY 11714
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JASPER A	4.2 NAME	Jackson, Jasper A
STREET ADDRESS	100 CHARLES LINBERGH BLVD.	4.3 STREET ADDRESS	P.O.Box 9020 (N/A)
CITY-ST-ZIP	UNIONDALE NY 11553	4.4 CITY-ST-ZIP	Bethpage, NY 11714
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASOTTI, MICHELLE	5.2 NAME	Masotti, Michelle
STREET ADDRESS	100 CHARLES LINDBERGH BLVD.	5.3 STREET ADDRESS	P.O.Box 9020 (N/A)
CITY-ST-ZIP	UNIONDALE NY 11553	5.4 CITY-ST-ZIP	Bethpage, NY 11714
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIVITTORIO, ROY	6.2 NAME	DiVittorio, Roy
STREET ADDRESS	100 CHARLES LINDBERGH BLVD.	6.3 STREET ADDRESS	P.O.Box 9020 (N/A)
CITY-ST-ZIP	UNIONDALE NY 11553	6.4 CITY-ST-ZIP	Bethpage, NY 11714

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 _____

CR2E034 (10/97)