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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



DO NOT WRITE IN THIS SPACE

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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3. Date Incorporated or Qualified 02/07/1956	4. FEI Number 13-5276670	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 200 Metroplex Drive	2a. Mailing Address 26 1055 Stewart Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 9020
City & State 23 Edison, NJ	City & State 28 Bethpage, NY
Zip 24 08817	Country 25 US
Zip 29 11714	Country 30 US

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304		81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent	
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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		DELETED
TITLE	P	<input type="checkbox"/>
NAME	REITERSEN, JOHN D	
STREET ADDRESS	100 CHARLES LINDBERGH BLVD.	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE	VP	<input type="checkbox"/>
NAME	WALLACH, ROBERT M	
STREET ADDRESS	100 CHARLES LINDBERGH BLVD.	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE	T	<input type="checkbox"/>
NAME	NEZAMOODEEN, PHILBERT A	
STREET ADDRESS	100 CHARLES LINBERGH BLVD.	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE	S	<input type="checkbox"/>
NAME	JACKSON, JASPER A	
STREET ADDRESS	100 CHARLES LINBERGH BLVD.	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE	VP	<input type="checkbox"/>
NAME	MASOTTI, MICHELLE	
STREET ADDRESS	100 CHARLES LINDBERGH BLVD.	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE	D	<input type="checkbox"/>
NAME	DIVITTORIO, ROY	
STREET ADDRESS	100 CHARLES LINDBERGH BLVD.	
CITY-ST-ZIP	UNIONDALE NY 11553	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Reiersen, John D		
1.3 STREET ADDRESS	P.O.Box 9020 (N/A)		
1.4 CITY-ST-ZIP	Bethpage, NY 11714		
2.1 TITLE	VP	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Wallach, Robert M		
2.3 STREET ADDRESS	P.O.Box 9020 (N/A)		
2.4 CITY-ST-ZIP	Bethpage, NY 11714		
3.1 TITLE	T	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Nezamooden, Philbert A		
3.3 STREET ADDRESS	P.O.Box 9020 (N/A)		
3.4 CITY-ST-ZIP	Bethpage, NY 11714		
4.1 TITLE	S	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Jackson, Jasper A		
4.3 STREET ADDRESS	P.O.Box 9020 (N/A)		
4.4 CITY-ST-ZIP	Bethpage, NY 11714		
5.1 TITLE	VP	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Masotti, Michelle		
5.3 STREET ADDRESS	P.O.Box 9020 (N/A)		
5.4 CITY-ST-ZIP	Bethpage, NY 11714		
6.1 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Divittorio, Roy		
6.3 STREET ADDRESS	P.O.Box 9020 (N/A)		
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 _____ DATE _____

CR2E034 (10/97)