

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90057 021 ***150.00

DOCUMENT # 810795

1. Corporation Name

NEWARK INSURANCE COMPANY

Principal Place of Business

200 METROPLEX DR
EDISON NJ 08817
US

Mailing Address

1055 STEWART AVE
P. O. BOX 9020
BETHPAGE NY 11714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1956

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 P.O. Box 9020

27 Suite, Apt. #, etc.

28 City & State

Bethpage, NY

29 Zip Country

11714

30

9. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME REIERSEN, JOHN D.

STREET ADDRESS P. O. BOX 9020 N/A

CITY-ST-ZIP BETHPAGE NY 11714

TITLE VP ☐ DELETE

NAME WALLACH, ROBERT M

STREET ADDRESS P. O. BOX 9020 N/A

CITY-ST-ZIP BETHPAGE NY 11714

TITLE T ☐ DELETE

NAME NEZAMOODEEN, PHILBERT A

STREET ADDRESS P. O. BOX 9020 N/A

CITY-ST-ZIP BETHPAGE NY 11714

TITLE S ☐ DELETE

NAME JACKSON, JASPER A

STREET ADDRESS P. O. BOX 9020 N/A

CITY-ST-ZIP BETHPAGE NY 11714

TITLE VP ☐ DELETE

NAME MASOTTI, MICHELLE

STREET ADDRESS P. O. BOX 9020 N/A

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TITLE D ☐ DELETE

NAME DIVITTORIO, ROY

STREET ADDRESS P. O. BOX 9020 N/A

CITY-ST-ZIP BETHPAGE NY 11714

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☐ Addition

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/D ☐ Change ☐ Addition

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/VP/D ☐ Change ☐ Addition

3.2 NAME Nezamooddeen, Philbert A

3.3 STREET ADDRESS P.O. Box 9020 N/A

3.4 CITY-ST-ZIP Bethpage, NY 11714

4.1 TITLE S/VP/D ☐ Change ☐ Addition

4.2 NAME Jackson, Jasper J

4.3 STREET ADDRESS P.O. Box 9020 N/A

4.4 CITY-ST-ZIP Bethpage, NY 11714

5.1 TITLE VP/D ☐ Change ☐ Addition

5.2 NAME Masotti, Michelle A

5.3 STREET ADDRESS P.O. Box 9020 N/A

5.4 CITY-ST-ZIP Bethpage, NY 11714

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

247641-90057-21
810795

NEWARK INSURANCE COMPANY

**LISTED BELOW ARE ALL THE OFFICERS AND DIRECTORS
FOR THE NEWARK INSURANCE COMPANY.**

VICE PRESIDENTS

ROBERT MATTHEW WALLACH
PHILBERT ANTHONY NEZAMOODEEN
MARIE JULIA GROSSMAN
NICHOLAS JOSEPH MASTRY
BRADFORD DENNIS WAGNER
JASPER JOHN JACKSON
MICHAEL JOHN SERPICO
MARC VINCENT BURO
HYLAN THOMAS HUBBARD III
MICHELLE ANN MASOTTI
STEPHEN THEODORE KELLY

DIRECTORS OR TRUSTEES

WILLIAM WALLACH
BRADFORD DENNIS WAGNER
KENNETH JOHN KARASINSKI
JASPER JOHN JASPER
PHILBERT ANTHONY NEZAMOODEEN
LAWRENCE SIGMUND ISAACS
MICHELLE ANN MASOTTI
JOHN DAVID REIERSEN
ROY DIVITTORIO
FRANCES WALLACH
ROBERT MATTHEW WALLACH

POP. 100,000,000
NEW YORK, N.Y. 10001
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