

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

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

03-22-1999 90057 021 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	02/07/1956	13-5276670	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>		
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	29			
Country	Country			
25	30			

9. Name and Address of Current Registered Agent	10. Name and Address of New 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
	FL

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/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIERSEN, JOHN D.	1.2 NAME	Reiersen, John D.
STREET ADDRESS	P. O. BOX 9020 N/A	1.3 STREET ADDRESS	P.O.Box 9020 N/A
CITY-ST-ZIP	BETHPAGE NY 11714	1.4 CITY-ST-ZIP	Bethpage, NY 11714
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACH, ROBERT M	2.2 NAME	Wallach, Robert M
STREET ADDRESS	P. O. BOX 9020 N/A	2.3 STREET ADDRESS	P.O.Box 9020 N/A
CITY-ST-ZIP	BETHPAGE NY 11714	2.4 CITY-ST-ZIP	Bethpage, NY 11714
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T/VP/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEZAMOODEEN, PHILBERT A	3.2 NAME	Nezamooddeen, Philbert A
STREET ADDRESS	P. O. BOX 9020 N/A	3.3 STREET ADDRESS	P.O.Box 9020 N/A
CITY-ST-ZIP	BETHPAGE NY 11714	3.4 CITY-ST-ZIP	Bethpage, NY 11714
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	S/VP/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JASPER A	4.2 NAME	Jackson, Jasper J
STREET ADDRESS	P. O. BOX 9020 N/A	4.3 STREET ADDRESS	P.O.Box 9020 N/A
CITY-ST-ZIP	BETHPAGE NY 11714	4.4 CITY-ST-ZIP	Bethpage, NY 11714
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	VP/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASOTTI, MICHELLE	5.2 NAME	Masotti, Michelle A
STREET ADDRESS	P. O. BOX 9020 N/A	5.3 STREET ADDRESS	P.O.Box 9020 N/A
CITY-ST-ZIP	BETHPAGE NY 11714	5.4 CITY-ST-ZIP	Bethpage, NY 11714
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIVITTORIO, ROY	6.2 NAME	
STREET ADDRESS	P. O. BOX 9020 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	BETHPAGE NY 11714	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: Michelle A. Masotti Date: 1/6/99 Daytime Phone #: 516-393-4020

CR2E034 (1/98)

247644-90057-21  
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  
SIXTY-NINTH STREET