

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90023 027 ***150.00

DOCUMENT # 810795

1. Entity Name

NEWARK INSURANCE COMPANY

Principal Place of Business

Mailing Address

**200 METROPLEX DR
 EDISON NJ 08817
 US**

**PO BOX 9020
 BETHPAGE NY 11714-9020
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-5276670**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32304**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	REIERSEN, JOHN D.	
STREET ADDRESS	P. O. BOX 9020 N/A	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WALLACH, ROBERT M	
STREET ADDRESS	P. O. BOX 9020 N/A	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	TPVD	<input type="checkbox"/> Delete
NAME	NEZAMOODEEN, PHILBERT A	
STREET ADDRESS	P. O. BOX 9020 N/A	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	JACKSON, JASPER A	
STREET ADDRESS	P. O. BOX 9020 N/A	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MASOTTI, MICHELLE	
STREET ADDRESS	P. O. BOX 9020 N/A	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIVITTORIO, ROY	
STREET ADDRESS	P. O. BOX 9020 N/A	
CITY-ST-ZIP	BETHPAGE NY 11714	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Serpico, Michael J.	
STREET ADDRESS	16 Van Loan Avenue	
CITY-ST-ZIP	Sayreville, NJ 08871	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John D. Reiersen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 John D. Reiersen

Date: 1/31/2000
 Daytime Phone #: (516) 393-4006