

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**

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	REIERSEN, JOHN D. P. O. BOX 9020 N/A BETHPAGE NY 11714		
VPD	WALLACH, ROBERT M P. O. BOX 9020 N/A BETHPAGE NY 11714	V/D	Serpico, Michael J. 16 Van Loan Avenue Sayreville, NJ 08871
TVPD	NEZAMOODEEN, PHILBERT A P. O. BOX 9020 N/A BETHPAGE NY 11714	V/T/D	
SVPD	JACKSON, JASPER A P. O. BOX 9020 N/A BETHPAGE NY 11714	V/S/D	
VPD	MASOTTI, MICHELLE P. O. BOX 9020 N/A BETHPAGE NY 11714	V	
D	DIVITTORIO, ROY P. O. BOX 9020 N/A BETHPAGE NY 11714		

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

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