

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90298 041 ***150.00

DOCUMENT # 810795

1. Entity Name
NEWARK INSURANCE COMPANY

Principal Place of Business

**200 METROPLEX DR
EDISON NJ 08817
US**

Mailing Address

**999 STEWART AVENUE
REGULATORY COMPLIANCE DEPT
BETHPAGE NY 11714
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

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

(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, 2002 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 ☐ Delete
NAME **VD REIERSEN, JOHN D.**
STREET ADDRESS **999 STEWART AVENUE**
CITY-ST-ZIP **BETHPAGE NY 11714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **416 Oakwood Road**
CITY-ST-ZIP **Port Jefferson, NY 11777**

TITLE ☐ Delete
NAME **CVD WALLACH, ROBERT M**
STREET ADDRESS **999 STEWART AVENUE**
CITY-ST-ZIP **BETHPAGE NY 11714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **219 Feeks Lane**
CITY-ST-ZIP **Mill Neck, NY 11765**

TITLE ☐ Delete
NAME **TD NEZAMOODEEN, PHILBERT A**
STREET ADDRESS **999 STEWART AVENUE**
CITY-ST-ZIP **BETHPAGE NY 11714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P/D**
CITY-ST-ZIP **38 Roosevelt Avenue**
East Rockaway, NY 11518

TITLE ☐ Delete
NAME **VSD JACKSON, JASPER A**
STREET ADDRESS **999 STEWART AVENUE**
CITY-ST-ZIP **BETHPAGE NY 11714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **99 Harrison Avenue**
CITY-ST-ZIP **Montclair, NJ 07042**

TITLE ☒ Delete
NAME **PD HUBBARD, HYLAN T III**
STREET ADDRESS **999 STEWART AVENUE**
CITY-ST-ZIP **BETHPAGE NY 11714**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS **T/D**
CITY-ST-ZIP **Robert G. Palm**
55 Montauk Street
Fairfield, CT 06432

TITLE ☐ Delete
NAME **D WALLACH, WILLIAM**
STREET ADDRESS **3730 INVERRARY DRIVE**
CITY-ST-ZIP **LAUDERDALE HILL FL 33319**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philbert A. Nezamodeen

3-28-02

Date

393-4010

Daytime Phone #

CR2E034 (9/01)

Att.
Doc. # 810795
770609

NEWARK INSURANCE COMPANY
2002 UNIFORM BUSINESS REPORT

LIST OF ADDITIONAL OFFICERS AND DIRECTORS

Lisa Grapek Drillich
1591 Hereford Road
Hewlett, NY 11557

Assistant Secretary & Director

Marie J. Barbieri
10 Eckert Road
Mt. Holly, NJ 08060

Vice President and Director

Michael J. Serpico
16 Van Loan Avenue
Sayreville, NJ 08871

Vice President

Kenneth J. Karasinski
8606 Greig Street
Sodus Point, NY 14555

Director

Paul M. Alliegro
192 Bayview Avenue
Bayport, NY 11705

Vice President