

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**

770609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-5276670

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE, FL 32304**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD	<input type="checkbox"/> Delete
NAME	REIERSEN, JOHN D.	
STREET ADDRESS	999 STEWART AVENUE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	CVD	<input type="checkbox"/> Delete
NAME	WALLACH, ROBERT M	
STREET ADDRESS	999 STEWART AVENUE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEZAMOODEEN, PHILBERT A	
STREET ADDRESS	999 STEWART AVENUE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JACKSON, JASPER A	
STREET ADDRESS	999 STEWART AVENUE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUBBARD, HYLAN T III	
STREET ADDRESS	999 STEWART AVENUE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACH, WILLIAM	
STREET ADDRESS	3730 INVERRARY DRIVE	
CITY-ST-ZIP	LAUDERDALE HILL FL 33319	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	416 Oakwood Road	
CITY-ST-ZIP	Port Jefferson, NY 11777	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	219 Feeks Lane	
CITY-ST-ZIP	Mill Neck, NY 11765	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	38 Roosevelt Avenue	
CITY-ST-ZIP	East Rockaway, NY 11518	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	99 Harrison Avenue	
CITY-ST-ZIP	Montclair, NJ 07042	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert G. Palm	
STREET ADDRESS	55 Montauk Street	
CITY-ST-ZIP	Fairfield, CT 06432	
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)(l), 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

NEWARK INSURANCE COMPANY

770609

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