

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90171 024 ***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

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **REIERSEN, JOHN D.**
STREET ADDRESS **416 OAKWOOD ROD**
CITY-ST-ZIP **PORT JEFFERSON NY 11777**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CVD** ☐ Delete
NAME **WALLACH, ROBERT M**
STREET ADDRESS **219 FEEKS LANE**
CITY-ST-ZIP **MILL NECK NY 11765**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **NEZAMOODEEN, PHILBERT A**
STREET ADDRESS **38 ROOSEVELT AVE**
CITY-ST-ZIP **EAST ROCKAWAY NY 11518**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **JACKSON, JASPER A**
STREET ADDRESS **99 HARRISON AVE**
CITY-ST-ZIP **MONTCLAIR NJ 07042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **PALM, ROBERT G**
STREET ADDRESS **55 MONTAUK STREET**
CITY-ST-ZIP **FAIRFIELD CT 06432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-03

(516)
393-4010

CR2E034 (10/02)

Attachment # 10041276

NEWARK INSURANCE COMPANY

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LIST OF ADDITIONAL OFFICERS AND DIRECTORS

Paul M. Alliegro, Vice President & Director
192 Bayview Avenue
Bayport, NY 11705

Marie J. Barbieri (Grossman), Vice President & Director
10 Eckert Road
Mount Holly, NJ 08060

Lisa A. Drillich, Assistant Secretary & Director
1591 Hereford Road
Hewlett, NY 11557

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