

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 06, 2000 8:00 am**
Secretary of State

03-06-2000 90048 049 ***150.00

DOCUMENT # F98000006103

1. Entity Name

MIIX INSURANCE COMPANY

Principal Place of Business

Mailing Address

**PRINCESS RD.
LAWRENCEVILLE NJ 08648****TWO PRINCESS RD.
LAWRENCEVILLE NJ 08648-2302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3586488

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
CAPITOL
TALLAHASSEE FL 32399-0300**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
GOLDBERG, DANIEL
TWO PRINCESS RD.
LAWRENCEVILLE NJ 08648** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
KOREYVA, KENNETH
TWO PRINCESS RD.
LAWRENCEVILLE NJ 08648** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President & CEO ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WILLIAMS, CATHERINE E
TWO PRINCESS RD.
LAWRENCEVILLE NJ 08648** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Secy. ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEN-ASHER, HILLEL M
TWO PRINCESS RD.
LAWRENCEVILLE NJ 08648** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FORMICA, PALMA E MD
TWO PRINCESS RD.
LAWRENCEVILLE NJ 08648** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HIRSCH, PAUL J MD
TWO PRINCESS RD.
LAWRENCEVILLE NJ 08648** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

(609) 896-2404

Daytime Phone **1339**

CR2E034 (9/99)

Additional Officers and Directors of MIIX Insurance Company:

Title: V/T/CFO:
Name: Thomas M. Redman
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: V:
Name: Smereck, Daniel G.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: C:
Name: Maressa, Vincent A., Esq.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Koreyva, Kenneth
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Moloney, Charles J., M.D.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Palace, Fred M., M.D.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Restivo, Carl, Jr., M.D.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Sciallis, Gabriel F., M.D.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Smereck, Daniel G.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Sorger, Martin L., M.D.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648