## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State DOCUMENT # P38034 1. Entity Name 04-22-2002 90298 042 \*\*\*150 EAGLE INSURANCE COMPANY Mailing Address Principal Place of Business -7640-SOUTHGATE-BLVD. 999 STEWART AVENUE BETHPAGE NY 11714 -SUITE #4 US NORTH LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address 200 Metroplex Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 22-0874880 Not Applicable Edison, NJ Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П 08817 Fee Required US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG. TALLAHASSEE FL.32301222 ... Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME WALLAUH, WILLIAM STREET ADDRESS STREET ADDRESS 3730 INVERRARY DR. .... CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL. 33319 ☐ Addition ☐ Defete TITLE Change TITLE NAME NAME WALLACH, ROBERT M. STREET ADDRESS STREET ADDRESS 219 FEEKS LN CITY-ST-ZIP CITY-ST-ZIP MILL NECK NY 11765 ☐ Change Addition TITLE Delete V/T/D TITLE NAME NAME Robert G. Palm HUBBARD, HYLAN T III STREET ADDRESS STREET ADDRESS 999 STEWART AVENUE 55 Montauk Street CITY-ST-ZIP CITY-ST-ZIP **BETHPAGE NY 11714** Fairfield, CT 06432 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ۷D NAME NAME REIERSEN, JOHN D. STREET ADDRESS STREET ADDRESS 416 OAKWOOD RD. CITY-ST-ZIP CITY-ST-ZIP PORT JEFFERSON NY 11777 ☐ Delete P/D **XX**Change ☐ Addition TITLE TITLE NAME NAME **NEZAMOODEEN, PHILBERT** STREET ADDRESS STREET ADDRESS 38 ROOSEVELT AVENUE CITY-ST-ZIP CITY-ST-ZIP **EAST ROCKAWAY NY 11518** Change ☐ Addition Delete TITLE TITLE S/D NAME NAME JACKSON, JASPER J STREET ADDRESS STREET ADDRESS 999 STEWART AVENUE 99 Harrison Avenue

CITY-ST-7IP

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:

**BETHPAGE NY 11714** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Nozan

3-28-02

Date

Montclair, NJ 07042

(516)393-4010

Davtime Phone #

FILED

EAGLE INSURANCE COMPANY
2002 UNIFORM BUSINESS REPORT

## #P3803H1 770608

## LIST OF ADDITIONAL OFFICERS AND DIRECTORS

Lisa Grapek Drillich 1591 Hereford Road Hewlett, NY 11557	Assistant Secretary & Director
Harriett Kelley 9917 Gerald North Hills, CA 91343	Vice President
Marie J. Barbieri 10 Eckert Road Mt. Holly, NJ 08060	Director
Kenneth J. Karasinski 8606 Greig Street Sodus Point, NY 14555	Vice President and Director
Paul M. Alliegro  192-Bayview Avenue	. Vice President