

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P38034

1. Entity Name  
EAGLE INSURANCE COMPANY



Principal Place of Business

200 METROPLEX DRIVE  
EDISON, NJ 08817 US

Mailing Address

999 STEWART AVENUE  
BETHPAGE, NY 11714 US



07062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-0874880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE  
IN THIS SPACE**

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WALLACH, WILLIAM
STREET ADDRESS	3730 INVERRARY DR.
CITY - ST - ZIP	LAUDERHILL, FL 33319
TITLE	VD
NAME	WALLACH, ROBERT M.
STREET ADDRESS	219 FEEKS LN
CITY - ST - ZIP	MILL NECK, NY 11765
TITLE	VD
NAME	PALM, ROBERT G
STREET ADDRESS	55 MONTAUK STREET
CITY - ST - ZIP	FAIRFIELD, CT 06432
TITLE	VD
NAME	REIERSEN, JOHN D.
STREET ADDRESS	416 OAKWOOD RD.
CITY - ST - ZIP	PORT JEFFERSON, NY 11777
TITLE	PTD
NAME	NEZAMOODEEN, PHILBERT
STREET ADDRESS	38 ROOSEVELT AVENUE
CITY - ST - ZIP	EAST ROCKAWAY, NY 11518
TITLE	SD
NAME	JACKSON, JASPER J
STREET ADDRESS	99 HARRISON AVE
CITY - ST - ZIP	MONTCLAIR, NJ 07042

U00000376714  
08/19/05-80003-007.150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/10/05 516.393.4000