

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90004 028 ***150.00

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**

60020838



2. Principal Place of Business
999 Stewart Avenue
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Bethpage, NY
Zip
11714 Country
USA

City & State

Zip Country

02032006 Chg-P CR2E034 (11/05)

4. FEI Number
22-0874880

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WALLACH, WILLIAM**
STREET ADDRESS **3730 INVERRARY DR.**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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

2/6/06 516.393.4000
Date Daytime Phone #