FILED
Mar 19, 2003 8:00 am
Secretary of State
03-19-2003 90099 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90055543

DOCUMENT # P38034

1. Entity Name
EAGLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
200 METROPLEX DRIVE EDISON, NJ 08817 US	999 STEWART AVENUE 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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE, FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACH, WILLIAM 3730 INVERRARY DR. LAUDERHILL, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALLACH, ROBERT M. 219 FEEKS LN MILL NECK, NY 11765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD PALM, ROBERT G 55 MONTAUK STREET FAIRFIELD, CT 06432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VID	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REIERSEN, JOHN D. 416 OAKWOOD RD. PORT JEFFERSON, NY 11777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEZAMOODEEN, PHILBERT 38 ROOSEVELT AVENUE EAST ROCKAWAY, NY 11518	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PITID	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JACKSON, JASPER J 99 HARRISON AVE MONTCLAIR, NJ 07042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: _____ 3-14-03 (516) 393-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 90055543

EAGLE INSURANCE COMPANY

2003 UNIFORM BUSINESS REPORT

DOCUMENT # P38034

LIST OF ADDITIONAL OFFICERS AND DIRECTORS

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

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

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

Mildred H. Brown
~~Regulatory Analyst~~ MANAGER
Regulatory Compliance
"MILLIE"

The Robert Plan Corporation
999 Stewart Avenue
Bethpage, NY 11714-3551
(516) 393 4788
(516) 393 4970 Facsimile
mbrown@rpc.com Email

Robert Plan