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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38034

(5)

1. Corporation Name

EAGLE INSURANCE COMPANY



Principal Place of Business

7640 SOUTHGATE BLVD.
SUITE #4
NORTH LAUDERDALE FL 33068
US

Mailing Address

7640 SOUTHGATE BLVD.
SUITE #4
NORTH LAUDERDALE FL 33068-1336
US

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 100 CHARLES LINDBERGH BLVD.
Suite, Apt #, etc.

27 City & State

28 UNIONDALE, NY

29 Zip

11553-3631

Country

30 USA

3. Date Incorporated or Qualified

03/24/1992

3a. Date of Last Report

02/05/1996

4. FEI Number

22-0877488

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	WALLACH, WILLIAM	
STREET ADDRESS	1101 HARBOR RD.	
CITY-ST-ZIP	HEWLETT HARBOR NY	
TITLE	VCD	☐ DELETE
NAME	WALLACH, ROBERT M.	
STREET ADDRESS	46 SCHOOL LANE	
CITY-ST-ZIP	LLOYD HARBOR NY	
TITLE	D	☐ DELETE
NAME	ISAACS, LAWRENCE S.	
STREET ADDRESS	31 CEDAR DR.	
CITY-ST-ZIP	DANBURY CT	
TITLE	P	☐ DELETE
NAME	REIERSEN, JOHN D.	
STREET ADDRESS	416 OAKWOOD RD.	
CITY-ST-ZIP	PORT JEFFERSON NY	
TITLE	VST	☐ DELETE
NAME	NEZAMOODEEN, PHILBERT	
STREET ADDRESS	38 ROOSEVELT AVENUE	
CITY-ST-ZIP	EAST ROCKAWAY NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP, D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	219 FEEKS LANE	
2.4 CITY-ST-ZIP	MILL NECK, NY 11765	
3.1 TITLE	VP, D	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P, D	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP, S, COO	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T	☐ Change ☒ Addition
6.2 NAME	PATRICIA GIULIANI- RHEAUME	
6.3 STREET ADDRESS	58 LYNDON AVENUE	
6.4 CITY-ST-ZIP	SMITH TOWN, NY 11787	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

(516) 228-5000

CR2E034 (9/96)