**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 22, 2020**
**Secretary of State**
**9019071614CC**

DOCUMENT# H06962

**Entity Name:** STAR INSURANCE ENTERPRISE INC.

**Current Principal Place of Business:**

1823 SW 29 TERRACE
OCALA, FL 34474

**Current Mailing Address:**

PO BOX 770772
OCALA, FL 34477-0772 US

**FEI Number: 59-2418568**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MINER, HOWARD R.
1823 SW 29 TERRACE
OCALA, FL 34474 US

*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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | DP | Title | VP |
| Name | MINER, HOWARD R. | Name | RUIZ MINER, LAURA P |
| Address | 1823 SW 29 TERRACE | Address | 1823 SW 29 TERRACE |
| City-State-Zip: | OCALA FL 34474 | City-State-Zip: | OCALA FL 34474 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: HOWARD MINER DP 03/22/2020

Electronic Signature of Signing Officer/Director Detail — Date