

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 852473 (8)

1. Corporation Name

~~SIGNET REINSURANCE COMPANY~~
SIGNET STAR REINSURANCE COMPANY



Principal Place of Business

Mailing Address

100 CAMPUS DR
P O BOX 853
FLORHAM PK NJ 07932
US

100 CAMPUS DRIVE
P O BOX 853
FLORHAM PK NJ 07932
US

3. Date Incorporated or Qualified

04/06/1982

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

47-0574325

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

10. Name and Address of New Registered Agent

FL INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301

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 ☐ DELETE

NAME
VD
LOMBARDOZZI, MICHAEL E
STREET ADDRESS
100 CAMPUS DR
CITY - ST - ZIP
FLORHAM PARK NJ

TITLE ☒ DELETE

NAME
~~MCCLARY, JAMES W~~
STREET ADDRESS
~~ONE CANTERBURY GREEN~~
CITY - ST - ZIP
~~STAMFORD CT~~

TITLE ☒ DELETE

NAME
~~WENZ, LLOYD WAYNE~~
STREET ADDRESS
~~100 CAMPUS DR, P O BOX 853~~
CITY - ST - ZIP
~~FLORHAM PK NJ~~

TITLE ☐ DELETE

NAME
D
MIGLIORINI, JAMES E
STREET ADDRESS
100 CAMPUS DR
CITY - ST - ZIP
FLORHAM PARK NJ

TITLE ☐ DELETE

NAME
~~MYDER, DALE A~~
STREET ADDRESS
100 CAMPUS DR
CITY - ST - ZIP
FLORHAM PARK NJ

TITLE ☐ DELETE

NAME
D
VOLLARO, JOHN D.
STREET ADDRESS
100 CAMPUS DR, P O BOX 853
CITY - ST - ZIP
FLORHAM PK NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☒ Addition

VD
ERICKSON, CHARLES EDWARD
100 CAMPUS DR., P O BOX 853
FLORHAM PARK, NJ

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☒ Addition

VD
HASEN, LARRY A
100 CAMPUS DR., P O BOX 853
FLORHAM PARK, NJ

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

VD

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☒ Change ☐ Addition

MYER, DALE A.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

BD

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

3/14/96

800-866-2308

Date

Daytime Phone #

CR2E034 (12/95)