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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

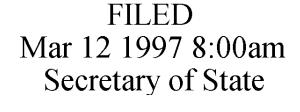
## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852473

(8)

SIGNET STAR REINSURANCE COMPANY



|--|--|--|--|

Principal Place of Business Ma		Mailing Addr	Mailing Address		e tangen enter anten traut brettt traut ababe tett abbet fringt brint bill frintt frint.				
100 CAMPUS DR P O BOX 853			100 CAMPUS DRIVE						
		P O BOX 853							
FLORHAM PK	NJ 07932	Florham PK US	NJ 07832-085	3					
US		US				<ol> <li>Date Incorporated or Qualified</li> <li>04/06/1982</li> </ol>	3a. Date 03/19		eport
2. Procinal L	Place of Business	2a. Mailing A	ddress			4. FEI Number	1 00/10/	<del>'                                    </del>	and the
	Take the takes that	26	aarooo			47-0574325			oplied For
21 Suite, Apt	#. etc	Suite Ap	# etc			71 001 4020			ot Applicable Additional
22		27	, 0.0.			5. Certificate of Status Desired		Fee Re	
City & Star	TC.	City & Sta	ate		·····	6. Election Campaign Financing		\$5.00	<del> </del>
23		28	28		Trust Fund Contribution Added to Fees				
Ζφ			Zip Country			8. This corporation has liability for i	intangible ta		
24	25	29		30		· · · · · · · · · · · · · · · · · · ·	Yes 🛣		, , , , , , , , , , , , , , , , , , , ,
	9. Name and Address of Curr	ent Registered Age	nt			10. Name and Address of New Re	gistered Ag	ent	
	NSURANCE COMMISSIONER			81	Name				
	CAPITAL			82	Street Ar	ddress (P.O. Box Number is Not Acceptab	nle)		
TALI	LAHASSEE FL 32301				2. 30. 7 10	The second of the traceptar			
				83					
				84	City			<b>85</b> Zip (	Code
				"	City		FL	55 ZID (	Lode
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, F	lorida Statute:	s, the above	named c	orporation submits this statement for the p	urpose of ch	nanging it	s registered
agent La	registerica agent, or born, in the Sta and familiar with, and accept the obl	are or monda. Such c ligations of, Section €	nange was au 307.0505, Flor	itnorized by ida Statutes	rtne corpo 3.	ration's board of directors. I hereby accep	ot the appoin	itment as	registered
SIGNATURE	•		,						
	Set as a 1gred or protection and respond	agent and title it applicable	(NOTE:	Registered Age	nt signature re	quired when reinstating)	DATE		
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			IS IN 12
TIRLE	VD	L	DETEAE	1.1 TITLE	1	VSD	X	Change	Addition
NAME	LOMBARDOZZI, MICHAEL E			1.2 NAME					
STREET ADDRESS	100 CAMPUS DR			1.3 STREET	ADDRESS				
CHY+ST+ZIP	FLORHAM PARK NJ			1.4 CITY - S	T-ZIP				
HILF	VD		DELETE	2 1 TITLE	ĺ			] Change	Addition
NAMe	ERICKSON, CHARLES EDWA			2.2 NAME					
STREET ADDRESS	100 CAMPUS DR., PO BOX	953		2.3 STREET	ADDRESS				
COTY ST-709	FLORHAM PARK NJ			2.4 CITY-5	T-ZIP				
TITLE	VD		DELETE	3 1 TITLE				Change	☐ Addition
NAM <sub>E</sub>	HANSEN, LARRY A.			3 2 NAME	4				
STREET ADDRESS	100 CAMPUS DR., PO BOX I	853		3.3 STREET	ADORESS				
CHY+ST-ZIP	FLORHAM PARK NJ			3.4 CiTY-5	ST-ZIP				
TITLE	<b>VD</b>	X	DELETE	4.1 TITLE	1	VD		Change	X Addition
NAM:	MIGLIORINI, JAMES E			4. 2 NAME	1	McCleary, James W.			
STREET ADDRESS	100 CAMPUS DR			4.3 STREET		100 Campus Dr., PO Box	853		
CITY ST-ZIP	FLORHAM PARK NJ			4.4 CITY - S		Florham Park NJ 07932			
TIFLE	VISD	X	DELETE	5 1 TITLE		VD		Change	X Addition
NAM(	MYER, DALE A.			5.2 NAME		Bessi, Roger J.			
STREET ADDRESS	1 <del>00 CAMPUS DR</del>			5 3 STREET	ADDRESS	100 Compile De DO Par	252		
CITY - ST. ZIP	<del>FLORHAM PARK NJ</del>			54 CITY-S	T-ZIP	100 Campus Dr., PO Box Florham Park NJ 07932	-0853		
THT: E	PD		DELETE	6 1 TITLE		PDC	ix	Change	Addition
NAME	VOLLARO, JOHN D.			6.2 NAME	1.	<del></del>			
STREET ADDRESS	100 CAMPUS DR, P O BOX	853		6.3 STREET	ADDRESS				
CITY - ST - 7IP	FLORHAM PK NJ			6.4 CITY - S	1				
4.4	have an extra the short short industrial and a second service.	Land of the state of the state of the				4-41-0-1-1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1			

4. 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 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 of Block 13 if changes, or on an attachment with an address.

SIGNATURE;

Mi chae

Michael E. Lombardozzi

3/6/97

800-866-2308