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Mar 12 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 # 852473 (8)

1. Corporation Name  
SIGNET STAR REINSURANCE COMPANY

Principal Place of Business:

100 CAMPUS DR  
P O BOX 853  
FLORHAM PK NJ 07832  
US

Mailing Address:

100 CAMPUS DRIVE  
P O BOX 853  
FLORHAM PK NJ 07832-0853  
US



3. Date Incorporated or Qualified 04/06/1982  
3a. Date of Last Report 03/19/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 required for a change of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VD  
LOMBARDOZZI, MICHAEL E  
100 CAMPUS DR  
FLORHAM PARK NJ

☐ DELETE

1.1 TITLE

VSD

☒ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE

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

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE

VD  
HANSEN, LARRY A.  
100 CAMPUS DR., PO BOX 853  
FLORHAM PARK NJ

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE

VD  
MIGLIORINI, JAMES E  
400 CAMPUS DR  
FLORHAM PARK NJ

☒ DELETE

4.1 TITLE

VD

☐ Change ☒ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE

VDSD  
MYER, DALE A.  
100 CAMPUS DR  
FLORHAM PARK NJ

☒ DELETE

5.1 TITLE

VD

☐ Change ☒ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE

PD  
VOLLARO, JOHN D.  
100 CAMPUS DR, P O BOX 853  
FLORHAM PK NJ

☐ DELETE

6.1 TITLE

PDC

☒ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

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: *Michael E. Lombardozzi* Michael E. Lombardozzi

3/6/97

800-866-2308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)