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FILED

Mar 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1982

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

FL INSURANCE COMMISSIONER
THE CAPITAL
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 VSD
NAME LOMBARDOZZI, MICHAEL E
STREET ADDRESS 100 CAMPUS DR
CITY-ST-ZIP FLORHAM PARK NJ ☐ DELETE

TITLE VD
NAME ERICKSON, CHARLES EDWARD
STREET ADDRESS 100 CAMPUS DR., PO BOX 853
CITY-ST-ZIP FLORHAM PARK NJ ☐ DELETE

TITLE VD
NAME HANSEN, LARRY A.
STREET ADDRESS 100 CAMPUS DR., PO BOX 853
CITY-ST-ZIP FLORHAM PARK NJ ☐ DELETE

TITLE VD
NAME MCCLEARY, JAMES W
STREET ADDRESS 100 CAMPUS DR PO BOX 853
CITY-ST-ZIP FLORHAM PARK NJ ☐ DELETE

TITLE VD
NAME BASSI, ROGER J
STREET ADDRESS 100 CAMPUS DR PO BOX 853
CITY-ST-ZIP FLORHAM PARK NJ ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE PD
62 NAME Norris, Edward D.
63 STREET ADDRESS 100 Campus Dr., PO Box 853
64 CITY-ST-ZIP Florham Park NJ 07932-0853 ☐ Change ☒ Addition

14. I 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 3/5/98 800-866-2308

CR2E034 (10/97)