

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90060 046 ***150.00

DOCUMENT # 852473

1. Corporation Name

SIGNET STAR REINSURANCE COMPANY



Principal Place of Business

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

Mailing Address

100 CAMPUS DRIVE
P O BOX 853
FLORHAM PK NJ 07932
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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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	<input type="checkbox"/> DELETE
NAME	LOMBARDOZZI, MICHAEL E	
STREET ADDRESS	100 CAMPUS DR	
CITY-ST-ZIP	FLORHAM PARK NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ERICKSON, CHARLES EDWARD	
STREET ADDRESS	100 CAMPUS DR., PO BOX 853	
CITY-ST-ZIP	FLORHAM PARK NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANSEN, LARRY A.	
STREET ADDRESS	100 CAMPUS DR., PO BOX 853	
CITY-ST-ZIP	FLORHAM PARK NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCLEARY, JAMES W	
STREET ADDRESS	100 CAMPUS DR PO BOX 853	
CITY-ST-ZIP	FLORHAM PARK NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BASSI, ROGER J	
STREET ADDRESS	100 CAMPUS DR PO BOX 853	
CITY-ST-ZIP	FLORHAM PARK NJ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORRIS, EDWARD D	
STREET ADDRESS	100 CAMPUS DR., PO BOX 853	
CITY-ST-ZIP	FLORHAM PARK NJ 07932-0853	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Michael E. Lombardozzi

3/11/99

800-866-2308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)