

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 852473**

1. Entity Name  
**SIGNET STAR REINSURANCE COMPANY**

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90111 014 \*\*\*150.00

Principal Place of Business <b>100 CAMPUS DR P O BOX 853 FLORHAM PK NJ 07932 US</b>	Mailing Address <b>100 CAMPUS DRIVE P O BOX 853 FLORHAM PK NJ 07932-0853 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>47-0574325</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FL INSURANCE COMMISSIONER THE CAPITAL TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>LOMBARDOZZI, MICHAEL E</b> <b>100 CAMPUS DR</b> <b>FLORHAM PARK NJ</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ERICKSON, CHARLES EDWARD</b> <b>100 CAMPUS DR., PO BOX 853</b> <b>FLORHAM PARK NJ</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Oliver, Gordon J</b> <b>100 Campus Dr., PO Box 853</b> <b>Florham Park NJ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HANSEN, LARRY A.</b> <b>100 CAMPUS DR., PO BOX 853</b> <b>FLORHAM PARK NJ</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MCCLEARY, JAMES W</b> <b>100 CAMPUS DR PO BOX 853</b> <b>FLORHAM PARK NJ</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BASSI, ROGER J</b> <b>100 CAMPUS DR PO BOX 853</b> <b>FLORHAM PARK NJ</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NORRIS, EDWARD D</b> <b>100 CAMPUS DR., PO BOX 853</b> <b>FLORHAM PARK NJ 07932-0853</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

**SIGNATURE:** *Michael E. Lombardozzi* **SIGNATURE REQUIRED** **Michael E. Lombardozzi** **4/4/00** **800-866-2308**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)