


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F0100004501

1. Entity Name
STARNET INSURANCE COMPANY



Principal Place of Business 475 STEAMBOAT RD. 1ST FLOOR GREENWICH, CT 06830	Mailing Address 475 STEAMBOAT RD. 1ST FLOOR GREENWICH, CT 06830
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3590451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

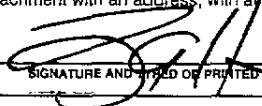
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERKLEY, WILLIAM R 475 STEAMBOAT RD, 1ST FLOOR GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO HANSEN, LARRY A 475 STEAMBOAT RD. 1ST FLOOR GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LAPUNZINA, CAROL J VS 475 STEAMBOAT RD. 1ST FLOOR GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGUIRE, DONALD M 475 STEAMBOAT RD. 1ST FLOOR GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, CRAIG N 475 STEAMBOAT RD. 1ST FLOOR GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATHEWS, JOSEPH L 215 SHUMAN BLVD STE 200 NAPERVILLE, IL 60563

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01/11/05-80061-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Larry A. Hansen** 1/4/05 800-866-2308

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____