

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90181 032 \*\*\*150.00

**DOCUMENT # F01000004501**

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**

**40002043**



01052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>22-3590451</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CHIEF FINANCIAL OFFICER 200 EAST GAINES STREET TALLAHASSEE, FL 32399</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> Zip Code			

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERKLEY, WILLIAM R			NAME			
STREET ADDRESS	475 STEAMBOAT RD, 1ST FLOOR			STREET ADDRESS			
CITY-ST-ZIP	GREENWICH, CT 06830			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALLARD, EUGENE G			NAME			
STREET ADDRESS	475 STEAMBOAT RD, 1ST FLOOR			STREET ADDRESS			
CITY-ST-ZIP	GREENWICH, CT 06830			CITY-ST-ZIP			
TITLE	DVS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAPUNZINA, CAROL J			NAME			
STREET ADDRESS	475 STEAMBOAT RD, 1ST FLOOR			STREET ADDRESS			
CITY-ST-ZIP	GREENWICH, CT 06830			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLE, ROBERT P			NAME	C. Fred Madsen		
STREET ADDRESS	475 STEAMBOAT RD, 1ST FLOOR			STREET ADDRESS	475 Steamboat Road, 1st Floor		
CITY-ST-ZIP	GREENWICH, CT 06830			CITY-ST-ZIP	Greenwich, CT 06830	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, CRAIG N			NAME			
STREET ADDRESS	475 STEAMBOAT RD, 1ST FLOOR			STREET ADDRESS			
CITY-ST-ZIP	GREENWICH, CT 06830			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEDERMAN, IRA S			NAME			
STREET ADDRESS	475 E. MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	GREENWICH, CT 06830			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 119, 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:** **Kathleen A. Ferreira, AVP** **1/5/07** **203-542-3836**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #