

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90108 043 \*\*\*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**

**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**22-3590451**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BERKLEY, WILLIAM R
STREET ADDRESS	475 STEAMBOAT RD. 1ST FLOOR
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	D
NAME	BALLARD, EUGENE G
STREET ADDRESS	475 STEAMBOAT RD. 1ST FLOOR
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	DVS
NAME	LAPUNZINA, CAROL J
STREET ADDRESS	475 STEAMBOAT RD. 1ST FLOOR
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	D
NAME	MADSEN, FRED C
STREET ADDRESS	475 STEAMBOAT RD 1ST FLOOR
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	DV
NAME	JOHNSON, CRAIG N
STREET ADDRESS	475 STEAMBOAT RD. 1ST FLOOR
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	D
NAME	LEDERMAN, IRA S
STREET ADDRESS	475 E. MAIN STREET
CITY-ST-ZIP	GREENWICH, CT 06830

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: Carol J. LaPunzina**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/08

Date

800-866-2308

Daytime Phone #