2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State
02-04-2003 90114 018 ***150.00

DOCUMENT # F01000004501

1. Entity Name
STARNET INSURANCE COMPANY

Principal Place of Business	Mailing Address
100 CAMPUS DRIVE FLORHAM PARK NJ 07932-0853	P.O. BOX 853 FLORHAM PARK NJ 07932-0853

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
475 Steamboat Road	475 Steamboat Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. P. O. Box 2519
City & State Greenwich, CT	City & State Greenwich, CT
Zip / Country 06836-2519 / USA	Zip / Country 06836-2519 / USA

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	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERKLEY, WILLIAM R 165 MASON STREET GREENWICH CT 06830	☐ Delete	P. O. Box 2519 475 Steamboat Road Greenwich, CT 06836-2519	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO HANSEN, LARRY A 100 CAMPUS DRIVE FLORHAM PARK NJ 07932	☐ Delete	P.O. Box 2519 475 Steamboat Road Greenwich, CT 06836-2519	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS LAPUNZINA, CAROL J VS 100 CAMPUS DRIVE FLORHAM PARK NJ 07932	☐ Delete	P.O. Box 2519 475 Steamboat Road Greenwich, CT 06836-2519	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GIRARD, ROBERT S VS 1 SOUTH 450 SUMMIT AVE., SUITE 310 OVERBOOK TERRACE IL 60181	☒ Delete	Donald M. McGuire 475 Steamboat Road, P.O. Box 2519 Greenwich, CT 06836-2519	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHNSON, CRAIG N 100 CAMPUS DRIVE FLORHAM PARK NJ 07932	☐ Delete	P.O. Box 2519 475 Steamboat Road Greenwich, CT 06836-2519	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MATHEWS, JOSEPH L 1 SOUTH 450 SUMMIT AVE., SUITE 310 OAKBROOK TERRACE IL 60181	☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 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: SIGNATURE REQUIRED Larry A. Hansen 1/17/03 203-542-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #