

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003837

1. Entity Name

PENN-STAR INSURANCE COMPANY

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90138 020 ***150.00

Principal Place of Business

Mailing Address

420 SOUTH YORK ROAD
HATBORO PA 19040

420 SOUTH YORK ROAD
HATBORO PA 19040-3949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2865367

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

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SALTZMAN, JON S
STREET ADDRESS 435 DRESHERTOWN RD
CITY-ST-ZIP FORT WASHINGTON PA 19034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME DIBIASI, JOHN M
STREET ADDRESS 4060 HUNT DRIVE
CITY-ST-ZIP DOYLESTOWN PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME PEZZUOLO, GARLAND
STREET ADDRESS 537 LOWER STATE ROAD
CITY-ST-ZIP NORTH WALES PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MISCIO, GREG
STREET ADDRESS 83 SADDLE DRIVE
CITY-ST-ZIP FURLONG PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME SALTZMAN, IRVIN
STREET ADDRESS 8818 S.E. NORTH PASSAGE WAY
CITY-ST-ZIP TEQUESTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SALTZMAN-LEVY, JAMI
STREET ADDRESS 257 STANFORD PLACE
CITY-ST-ZIP NEWTOWN PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-00

215/443-3600

CR2E034 (9/99)