

F98000005657

Document Number Only

CT Corporation System

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32310 222-1092

City State Zip Phone

CORPORATION(S) NAME

400002660434-4  
-10/09/98-01050-012  
\*\*\*\*131.25 \*\*\*\*\*87.50

Starnet Casualty Company

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☒ Profit **ARTS**  
☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal

☐ Limited Liability Company

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Name Registration

☐ Change of R.A.

☐ Fictitious Name

☐ UCC-1 Financing Statement

☐ UCC-3 Filing

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. StarNet Casualty Company  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. 22-3590451  
(FEI number, if applicable)
4. June 11, 1998  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 100 Campus Drive, P.O. Box 853  
Florham Park, NJ 07932-0853  
(Current mailing address)
8. Property and casualty insurance  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: Insurance Commissioner  
Office Address: Capitol  
Tallahassee, Florida, 32399-0300  
(Zip Code)

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10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Insurance Commissioner  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: SEE ATTACHED RIDER

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: SEE ATTACHED RIDER

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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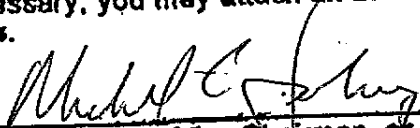
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Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael E. Lombardozzi, Senior Vice President, Secretary & General Counsel  
(Typed or printed name and capacity of person signing application)

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## StarNet Casualty Company

### Officers and Directors

John D. Vollaro	Chairman	100 Campus Drive Florham Park, NJ 07932
Edward D. Norris	President, CEO & Direct	100 Campus Drive Florham Park, NJ 07932
Scott R. Wallace	Executive Vice President, COO & Director	100 Campus Drive Florham Park, NJ 07932
Larry A. Hansen	Executive Vice President, CFO & Director	100 Campus Drive Florham Park, NJ 07932
Michael E. Lombardozzi	Senior Vice President COO & Director	100 Campus Drive Florham Park, NJ 07932
Donald M. McGuire	Senior Vice President & Treasurer	100 Campus Drive Florham Park, NJ 07932
Charles E. Erickson	Director	100 Campus Drive Florham Park, NJ 07932

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DONNA LEE H. WILLIAMS  
INSURANCE COMMISSIONER

State of Delaware



Department of Insurance

841 SILVER LAKE BLVD.  
DOVER, DELAWARE 19904-2465  
(302) 739 - 4251  
FACSIMILE (302) 739 - 5280

CERTIFICATE OF COMPLIANCE

I, DONNA LEE H. WILLIAMS, Insurance Commissioner of the State of Delaware, do hereby certify that STARNET CASUALTY COMPANY is duly organized under the laws of the State of Delaware, and is authorized to issue policies and transact the business of: Health, Credit Health, Property, Surety, Marine & Transportation, Casualty, including: Vehicle, Liability, Burglary & Theft, Personal Property Floater, Glass, Boiler & Machinery, Credit, Workers' Compensation & Employers' Liability, Leakage & Fire Extinguisher Equipment, Malpractice, Elevator, Congenital Defects, Livestock, Entertainment, Miscellaneous.

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IN WITNESS WHEREOF, I HAVE HEREUNTO  
SET MY HAND AND AFFIXED THE OFFICIAL  
SEAL OF THIS DEPARTMENT AT THE CITY  
OF DOVER, THIS 18TH DAY OF SEPTEMBER,  
1998.

*Donna Lee H. Williams*

DONNA LEE H. WILLIAMS  
INSURANCE COMMISSIONER