

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90091 044 ***150.00

DOCUMENT # F98000005657

1. Corporation Name

STARNET CASUALTY COMPANY

Principal Place of Business
100 CAMPUS DRIVE
FLORHAM PARK NJ 07932-0853

Mailing Address
100 CAMPUS DRIVE
FLORHAM PARK NJ 07932-0853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1998

4. FEI Number

22-3590451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

NAME VOLLARO, JOHN D
STREET ADDRESS 100 CAMPUS DRIVE
CITY-ST-ZIP FLORHAM PARK NJ

1.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME NORRIS, EDWARD D
STREET ADDRESS 100 CAMPUS DRIVE
CITY-ST-ZIP FLORHAM PARK NJ

2.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME WALLACE, SCOTT R
STREET ADDRESS 100 CAMPUS DRIVE
CITY-ST-ZIP FLORHAM PARK NJ

2.2 NAME ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME HANSEN, LARRY A
STREET ADDRESS 100 CAMPUS DRIVE
CITY-ST-ZIP FLORHAM PARK NJ

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME LOMBARDOZZI, MICHAEL E
STREET ADDRESS 100 CAMPUS DRIVE
CITY-ST-ZIP FLORHAM PARK NJ

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT ☐ DELETE

NAME MCGUIRE, DONALD M
STREET ADDRESS 100 CAMPUS DRIVE
CITY-ST-ZIP FLORHAM PARK NJ

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

V/D

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael E. Lombardozzi* SIGNATURE MICHAEL E. LOMBARDOZZI

3/11/99
Date

800-866-2308
Daytime Phone #

CR2E034 (1/98)