

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H12000098475 3)))



H120000984753ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**\*RE-SUBMIT\***

Please retain original filing date of submission 4/13

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

### DISSOLUTION OR WITHDRAWAL STARR INSURANCE HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	054
Estimated Charge	\$35.00

**FILED**  
2012 APR 13 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

*disc with  
notice  
ASR  
4/17/12  
4/13/2012*



April 13, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

STARR INSURANCE HOLDINGS, INC.  
PMB 175  
24 DOCKSIDE LANE  
KEY LARGO, FL 33037

SUBJECT: STARR INSURANCE HOLDINGS, INC.  
REF: P06000066267

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please fill in the date the dissolution was authorized (in the third paragraph).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

FAX Aud. #: H12000098475  
Letter Number: 312A00011779

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 4/13

RECEIVED

12 APR 16 PM 8:11

TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

FILED

2012 APR 13 AM 9:53

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Star Insurance Holdings, Inc.

SECOND: The document number of the corporation (if known):

THIRD: The date dissolution was authorized: April 3, 2012

Effective date of dissolution if applicable: upon filing  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature:

Julie Murray  
(By a director, president or other officer - If directors or officers have not been selected, by an incorporator - If in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Julie Murray  
(Typed or printed name of person signing)

Assistant Secretary  
(Title of person signing)

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Starr Insurance Holdings, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

The company redomesticated to the state of Nevada as a Nevada corporation.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Starr Insurance Holdings, Inc.

c/o Office of the Corporate Secretary

399 Park Avenue, 8th Floor

New York, NY 10022

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Julie Murray

Printed Name of the Person Filing

Julie Murray

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**