

2022 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 851978

Entity Name: STARSTONE NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**201 E. FIFTH STREET,
SUITE 1200
CINCINNATI, OH 45202**Current Mailing Address:**201 E. FIFTH STREET,
SUITE 1200
CINCINNATI, OH 45202 US**FEI Number:** 95-1429618**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CONSOLINO, JEFF
Address HARBORSIDE 5 - 185 HUDSON STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title SECRETARY
Name KUZLOSKI, ROBERT
Address HARBORSIDE 5 - 185 HUDSON STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title VP
Name SIMEONE, PAUL
Address HARBORSIDE 5 - 185 HUDSON STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title SR. VICE PRESIDENT
Name WANAMAKER, JEFF
Address HARBORSIDE 5 - 185 HUDSON STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title TREASURER/CFO
Name SINCO, RUSSELL
Address HARBORSIDE 5 - 185 HUDSON STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title ASSISTANT SECRETARY
Name LAUTERBACH, ERIKALYN
Address HARBORSIDE 5 - 185 HUDSON STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title VP
Name REITWIESNER, JOHN
Address HARBORSIDE 5 - 185 HUDSON STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title VP, HEAD OF EXCESS CASUALTY
Name DIXON, TODD
Address HARBORSIDE 5 - 185 HUDSON STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KUZLOSKI, ROBERT**SECRETARY****05/04/2022**

Officer/Director Detail Continued :

Title VP, HEAD OF HEALTHCARE
Name YOUNG, RYAN
Address HARBORSIDE 5 - 185 HUDSON STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title VP, HEAD OF WORKERS COMPENSATION
Name BOGH, CLIFF
Address HARBORSIDE 5 - 185 HUDSON STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title DIRECTOR
Name SINCO, RUSSELL
Address HARBORSIDE 5 - 185 HUDSON STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title VP, HEAD OF MARINE
Name MCANDREW, TIM
Address HARBORSIDE 5 - 185 HUDSON
STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title VP, HEAD OF PROPERTY
Name OLIPHANT, ALISON
Address HARBORSIDE 5 - 185 HUDSON
STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title DIRECTOR
Name WANAMAKER, JEFF
Address HARBORSIDE 5 - 185 HUDSON
STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311