

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000266

Entity Name: STARSTONE SPECIALTY INSURANCE COMPANY

FILED
Feb 05, 2020
Secretary of State
9378674955CC

Current Principal Place of Business:

HARBORSIDE 5
185 HUDSON STREET SUITE 2600
JERSEY CITY, NJ 07311

Current Mailing Address:

HARBORSIDE 5
185 HUDSON STREET SUITE 2600
JERSEY CITY, NJ 07311 US

FEI Number: 51-0335732

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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 & DIRECTOR
Name TRIMBLE, ROBERT L. JR.
Address HARBORSIDE 5
 185 HUDSON STREET SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title SECRETARY
Name BALKAN, THOMAS J
Address 150 2ND AVENUE NORTH
 3RD FLOOR
City-State-Zip: ST. PETERSBURG FL 33701

Title VP
Name SIOMA, MARK
Address 150 2ND AVENUE NORTH
 3RD FLOOR
City-State-Zip: ST PETERSBURG FL 33701

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

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

Title DIRECTOR, CHAIRMAN
Name LIVINGSTON, ROBERT
Address HARBORSIDE 5, 185 HUDSON ST, STE
 2600
City-State-Zip: JERSEY CITY NJ 07311

Title DIRECTOR
Name HENDRICKSON, JOHN
Address HARBORSIDE 5, 185 HUDSON ST, STE
 2600
City-State-Zip: JERSEY CITY NJ 07311

Title DIRECTOR
Name SANFORD, RICHARD
Address HARBORSIDE 5, 185 HUDSON ST, STE
 2600
City-State-Zip: JERSEY CITY NJ 07311

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: RONA PLATT

ASST. SECRETARY

02/05/2020

Electronic Signature of Signing Officer/Director Detail

Date