2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004501

Entity Name: STARNET INSURANCE COMPANY

Current Principal Place of Business:

11201 DOUGLAS AVENUE URBANDALE, IA 50322

Current Mailing Address:

PO BOX 1594

DES MOINES. IA 50306-1594 US

FEI Number: 22-3590451 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 EAST GAINES STREET 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

FILED Jan 29, 2019

Secretary of State

5954943680CC

Officer/Director Detail :

Title Title ASSISTANT TREASURER

BERKLEY, WILLIAM RJR COLLINS, ANN Name Name

475 STEAMBOAT RD, 1ST FLOOR 11201 DOUGLAS AVENUE Address Address

City-State-Zip: URBANDALE IA 50322 GREENWICH CT 06830 City-State-Zip:

Title ASSISTANT TREASURER Title DIRECTOR

Name BRAUD, BERTMAN JR. LAPUNZINA, CAROL J Name

Address PO BOX 1594 Address 475 STEAMBOAT RD. 1ST FLOOR

DES MOINES IA 50306-1594 City-State-Zip: City-State-Zip: GREENWICH CT 06830

Title SECRETARY, DIRECTOR Title D

Name LEDERMAN, IRA S Name HANCOCK, PAUL J

Address 475 STEAMBOAT RD, 1ST FL Address 475 STEAMBOAT RD. 1ST FLOOR

GREENWICH CT 06830 City-State-Zip: GREENWICH CT 06830 City-State-Zip:

Title DIRECTOR Title **TREASURER**

Name BERKLEY, WILLIAM R BALLARD, EUGENE G Name

Address 475 STEAMBOAT RD. Address 475 STEAMBOAT RD. 1ST FLOOR

1ST FLOOR

City-State-Zip: GREENWICH CT 06830 City-State-Zip: GREENWICH CT 06830

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: BERTMAN BRAUD

01/29/2019 ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date