

2024 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 9190
DES MOINES, IA 50306 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

Officer/Director Detail :

Title PD
Name BERKLEY, WILLIAM RJR
Address 475 STEAMBOAT RD, 1ST FLOOR
City-State-Zip: GREENWICH CT 06830

Title ASSISTANT TREASURER
Name BRAUD, BERTMAN JR.
Address PO BOX 1594
City-State-Zip: DES MOINES IA 50306-1594

Title SECRETARY, DIRECTOR
Name WELT, PHILIP S
Address 475 STEAMBOAT RD, 1ST FL
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR
Name BERKLEY, WILLIAM R
Address 475 STEAMBOAT RD.
1ST FLOOR
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR
Name LAPUNZINA, CAROL J
Address 475 STEAMBOAT RD. 1ST FLOOR
City-State-Zip: GREENWICH CT 06830

Title D
Name HANCOCK, PAUL J
Address 475 STEAMBOAT RD. 1ST FLOOR
City-State-Zip: GREENWICH CT 06830

Title TREASURER
Name BAIO, RICHARD
Address 475 STEAMBOAT RD.
1ST FLOOR
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: RICHARD BAIO**ASSISTANT TREASURER 03/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date