

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 802043 (0)
 1. Corporation Name
GENERAL STAR NATIONAL INSURANCE COMPANY



Principal Place of Business 695 E. MAIN STREET P.O. BOX 10360 STAMFORD CT 06904-9360	Mailing Address 695 E. MAIN STREET P.O. BOX 10360 STAMFORD CT 06904-9360
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 12/02/1924	Applied For Not Applicable
4. FEI Number 13-1958482	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER OF FLORIDA
 CAPITOL BUILDING,
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROOKS, KEVIN P/	
STREET ADDRESS	695 E. MAIN STREET	
CITY-ST-ZIP	STAMFORD CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRAHAM, ROBERT D.	
STREET ADDRESS	695 E. MAIN STREET	
CITY-ST-ZIP	STAMFORD CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MONRAD, ELIZABETH A	
STREET ADDRESS	695 E. MAIN STREET	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DENIS, ROBERT	
STREET ADDRESS	19 RECTOR STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FROHBOESE, ERNEST C.	
STREET ADDRESS	695 E. MAIN STREET	
CITY-ST-ZIP	STAMFORD CT	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	WEBSTER, CARL M.	
STREET ADDRESS	695 E. MAIN STREET	
CITY-ST-ZIP	STAMFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert D. Graham* **Robert D. Graham**
Secretary 1/29/98 203-328-5591

CR2E034 (10/97)