

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90002 032 ***150.00

DOCUMENT # 802043

1. Entity 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 06904-2380

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1958482

Applied For
 Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
 CAPITOL BUILDING,
 TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	BROOKS, KEVIN P	695 E. MAIN STREET	STAMFORD CT	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	GRAHAM, ROBERT D.	695 E. MAIN STREET	STAMFORD CT	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	MONRAD, ELIZABETH A	695 E. MAIN STREET	STAMFORD CT	<input type="checkbox"/> Delete	DT				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	DENIS, ROBERT	19 RECTOR STREET	NEW YORK NY	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	FERGUSON, RONALD E	695 E. MAIN STREET	STAMFORD CT 06904	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	BARR, CHARLES F	695 E. MAIN STREET	STAMFORD CT 06904	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Graham

2/1/00

(203) 328-5000

Date

Daytime Phone