


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90043 023 ***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 06904-9360**

64001120



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
13-1956482

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, PATRICIA H 695 E. MAIN STREET STAMFORD, CT 06904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAHAM, ROBERT D. 695 E. MAIN STREET STAMFORD, CT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MONRAD, ELIZABETH A 695 E. MAIN STREET STAMFORD, CT <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Gasdaska Jr., William G. 695 E. Main Street Stamford, CT 06904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENIS, ROBERT 19 RECTOR STREET NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BRANDON, JOSEPH P 695 E. MAIN STREET STAMFORD, CT 06904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NCAFFREY, TIMOTHY T 695 E. MAIN STREET STAMFORD, CT 06904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McCaffrey, Timothy T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert D. Graham** **1/15/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

Nancy E. Searles
Compliance Analyst

#802043



January 22, 2004

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

**Re: General Star National Insurance Company
National Reinsurance Corporation**

To Whom It May Concern:

Enclosed please find your 2004 Annual Reports and checks in the required amount of \$150.00 for the above referenced companies.

Please contact me should you require additional information. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Nancy E. Searles". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Nancy E. Searles
Compliance Analyst

Enc.