


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90085 017 ***150.00

DOCUMENT # 802043

1. Entity Name
GENERAL STAR NATIONAL INSURANCE COMPANY



Principal Place of Business Mailing Address

**695 E. MAIN STREET
P.O. BOX 10360
STAMFORD, CT 06904-9360**

**695 E. MAIN STREET
P.O. BOX 10360
STAMFORD, CT 06904-9360**

50010885



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01272005 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

13-1958482 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, PATRICIA H	NAME	
STREET ADDRESS	695 E. MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06904	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, ROBERT D.	NAME	
STREET ADDRESS	695 E. MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASDASKA, WILLIAM G JR.	NAME	
STREET ADDRESS	695 E. MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06904	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENIS, ROBERT	NAME	
STREET ADDRESS	19 RECTOR STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDON, JOSEPH P	NAME	
STREET ADDRESS	695 E. MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06904	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAFFREY, TIMOTHY T	NAME	D
STREET ADDRESS	695 E. MAIN STREET	STREET ADDRESS	Damon N. Vocke
CITY-ST-ZIP	STAMFORD, CT 06904	CITY-ST-ZIP	695 East Main Street Stamford, CT 06904

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____ **1/31/2005** **203-328-5000**

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

Robert D. Graham, Secretary