2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

802043 DOCUMENT

1. Entity Name

GENERAL STAR NATIONAL INSURANCE COMPANY



Feb 25, 2003 8:00 am Secretary of State 02-25-2003 90145 014 ***150.00 **FILED**

Principal Place of Business 695 E. MAIN STREET P.O. BOX 10360 STAMFORD CT 06904-9360		695 I P.O.	Mailing Address 695 E. MAIN STREET P.O. BOX 10360 STAMFORD CT 06904-9360								
2. Principal Place of Business			3. Mailing Address					iiii Bibii Did			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. F	El Number 13-1958482			oplied For ot Applicable	
Zip	Country	Zip					Certificate of Status Desired	غ ك	8.75 Add ee Require		
	6. Name and Address of	Current Registere	ered Agent			7. N	7. Name and Address of New Registered Agent				
				- 1	Name						
INSURANCE COMMISSIONER OF FLORIDA CAPITOL BUILDING,			Street Address			ss (P.O. B	(P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32304											
					City			FL	Zip Cod		
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											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Finan Trust Fund Contribution.	cing	\$5.0 Added	0 May Be	
10. OFFICERS AND DIRECTORS 11.						AD	L DITIONS/CHANGES TO OFFICE	ERS AND I	DIRECTORS	S IN 11	
TITLE	PD		☐ Delete	TITLE		110	31101107013 41020 10 011101		☐ Change	Addition	
NAME	ROBERTS, PATRICIA H		L Delete	NAME	i				□ Cilange	Addition	
STREET ADDRESS	695 E. MAIN STREET				ADDRESS					l	
CITY-ST-ZIP	STAMFORD CT 06904			CITY-S							
TITLE	S		☐ Delete	TITLE			•		☐ Change	Addition	
NAME	GRAHAM, ROBERT D.		L Delete	NAME	!				Ondings		
STREET ADDRESS	695 E. MAIN STREET				ADDRESS						
CITY-ST-ZIP	STAMFORD CT			CITY-S							
TITLE	DT		☐ Delete	TITLE					Change	Addition	
NAME	MONRAD, ELIZABETH A		C Desete	NAME							
STREET ADDRESS				_	ADDRESS						
CITY-ST-ZIP	STAMFORD CT			CITY-S	T-ZIP						
TITLE	VP		☐ Delete	TITLE					Change	Addition	
NAME	DENIS, ROBERT		_ 50.00	NAME	i						
STREET ADDRESS	19 RECTOR STREET			STREET	ADDRESS						
CITY-ST-ZIP	NEW YORK NY			CITY-S							
TITLE	DC		☐ Delete	TITLE					Change	Addition	
NAME	BRANDON, JOSEPH P			NAME	ĺ			1			
STREET ADDRESS	695 E. MAIN STREET				ADDRESS					-	
CITY-ST-ZIP	STAMFORD CT 06904			CITY-S							
TITLE	D		☐ Delete	TITLE				Г	Change	☐ Addition	
NAME	NCCAFFREY, TIMOTHY T		50,000	NAME							
STREET ADDRESS	695 E. MAIN STREET			STREET	ADDRESS				•		
CITY-ST-ZIP STAMFORD CT 06904				CITY-S1	r-ZIP						
45											

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:

DREROBERT D. Graham 02/01/2003 (203) 328-5000

ATTACHMENT

Elizabeth Friskey Compliance Analyst

GeneralCologne Re.

Doc#802043

50040367

February 21, 2003

Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re: Annual Statement Filing Information
General Star National Insurance Company

Enclosed please find the following Annual Statement Forms for the above-referenced company:

- 2003 Uniform Business Report
- Check for \$150.00

Please contact me with any questions. Thank you.

Sincerely

Elizabeth Friske