

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 802043

**Entity Name:** GENERAL STAR NATIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

120 LONG RIDGE ROAD  
STAMFORD, CT 06902

**Current Mailing Address:**

120 LONG RIDGE ROAD  
STAMFORD, CT 06902

**FEI Number:** 13-1958482

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
C/O FLORIDA CHIEF FINANCIAL OFFICER AS RA  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-4201 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            JONES, ROBERT M  
Address        120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title            S  
Name            SCHWAB, SOLAN B  
Address        120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title            T  
Name            GASDASKA, WILLIAM GJR.  
Address        120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title            D  
Name            SEEGER, VICTORI J  
Address        120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title            D  
Name            VOCKE, DAMON N  
Address        120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SOLAN SCHWAB

**SECRETARY**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date