

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802043

FILED
Jan 24, 2007
Secretary of State

Entity Name: GENERAL STAR NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

695 E. MAIN STREET
P.O. BOX 10360
STAMFORD, CT 069049360

New Principal Place of Business:

695 E. MAIN STREET
STAMFORD, CT 069049360

Current Mailing Address:

695 E. MAIN STREET
P.O. BOX 10360
STAMFORD, CT 069049360

New Mailing Address:

695 E. MAIN STREET
STAMFORD, CT 069049360

FEI Number: 13-1958482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, PATRICIA H
Address: 695 E. MAIN STREET
City-St-Zip: STAMFORD, CT 06904 US

Title: S () Delete
Name: ROBERTS, ADAM D
Address: 695 E. MAIN STREET
City-St-Zip: STAMFORD, CT 06904 US

Title: DT () Delete
Name: GASDASKA, WILLIAM G JR.
Address: 695 E. MAIN STREET
City-St-Zip: STAMFORD, CT 06904 US

Title: VP () Delete
Name: DENIS, ROBERT,
Address: 695 EAST MAIN STREET
City-St-Zip: STAMFORD, CT 06904 US

Title: DC () Delete
Name: BRANDON, JOSEPH P
Address: 695 E. MAIN STREET
City-St-Zip: STAMFORD, CT 06904

Title: D () Delete
Name: VOCKE, DAMON N
Address: 695 E. MAIN STREET
City-St-Zip: STAMFORD, CT 06904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA H. ROBERTS

PD

01/24/2007

Electronic Signature of Signing Officer or Director

Date