

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837555

FILED
Mar 29, 2008
Secretary of State

Entity Name: MERASTAR INSURANCE COMPANY

Current Principal Place of Business:

5600 BRAINERD ROAD
STE 1A
CHATTANOOGA, TN 374115336 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 181101
CHATTANOOGA, TN 37414 US

New Mailing Address:

5210 BELFORT RD
SUITE120
JACKSONVILLE, FL 32256 US

FEI Number: 62-0928337

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: V () Delete
Name: SALTZMAN, RICHARD E
Address: 5600 BRAINERD RD. SUITE 1A
City-St-Zip: CHATTANOOGA, TN 37411 US

Title: P () Delete
Name: BRUNS, TIMOTHY D
Address: 5600 BRAINERD RD #1A
City-St-Zip: CHATTANOOGA, TN 374115336

Title: V () Delete
Name: BRANDT, STEPHEN
Address: 5600 BRAINERD RD #1A
City-St-Zip: CHATTANOOGA, TN 37411 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SOUTHWELL, DONALD G
Address: 5600 BRAINERD RD. SUITE 1A
City-St-Zip: CHATTANOOGA, TN 37411 US

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

Title: T (X) Change () Addition
Name: WIEBE, TIMOTHY J
Address: 5600 BRAINERD RD #1A
City-St-Zip: CHATTANOOGA, TN 37411 US

Title: V () Change (X) Addition
Name: ROBERTS, CLARK H
Address: 5210 BELFORT RD, SUITE 120
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify 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: CLARK ROBERTS

V

03/29/2008

Electronic Signature of Signing Officer or Director

_____ Date