2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837555

Entity Name: MERASTAR INSURANCE COMPANY

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5600 BRAINERD ROAD STE 1A CHATTANOOGA, TN 374115336 US **Current Mailing Address: New Mailing Address:** 12926 GRAN BAY PARKWAY WEST 5210 BELFORT RD SUITE120 JACKSONVILLE, FL 32258 US 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: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SOUTHWELL, DONALD G Name: Name: 5600 BRAINERD RD. SUITE 1A Address: Address: City-St-Zip: CHATTANOOGA, TN 37411 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: BRUNS, TIMOTHY D Name: 5600 BRAINERD RD #1A Address: Address: CHATTANOOGA, TN 374115336 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition WIEBE, TIMOTHY J ROBERTS, CLARK Name: Name: 5600 BRAINERD RD #1A 12926 GRAN BAY PARKWAY WEST Address: Address: CHATTANOOGA, TN 37411 US City-St-Zip: JACKSONVILLE, FL 32258 US City-St-Zip: Title: () Delete Title: (X) Change () Addition ROBERTS, CLARK H SCHULTE, JAMES Name: Name: Address: 5210 BELFORT RD, SUITE 120 Address: 12926 GRAN BAY PARKWAY WEST City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32258 Title: Title: () Delete () Change (X) Addition DRAUT, ERIC Name: Name: Address: ONE EAST WACKER DRIVE Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60601 Title: () Delete Title: () Change (X) Addition SANDELSKI, DENNIS Name: Name: ONE EAST WACKER DR Address: Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60601

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 T 01/26/2009