

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **841902** (0)  
1. Corporation Name  
**NORTH STAR REINSURANCE CORPORATION**

Principal Place of Business <b>695 EAST MAIN STREET STAMFORD CT 06904</b>	Mailing Address <b>695 EAST MAIN STREET STAMFORD CT 06904</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/27/1978</b>	
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number <b>13-2930109</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA  
THE CAPITOL BLDG.  
TALLAHASSEE, FL ABW FL**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed (Name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANDON, JOSEPH P</b>	1.2 NAME	
STREET ADDRESS	<b>49 HEATHER ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONROE CT 06468</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVC</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERGUSON, RONALD E. E</b>	2.2 NAME	
STREET ADDRESS	<b>88 KELLOGG HILL ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON CT 06883</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLOGG, TOM N</b>	3.2 NAME	
STREET ADDRESS	<b>38 MEADOWBANK ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OLD GREENWICH CT 06870</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FROHBOESE, ERNEST. C</b>	4.2 NAME	
STREET ADDRESS	<b>55 FERRIS HILL ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW CANAAN CT 06840</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DC</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUSTAFSON, JAMES E</b>	5.2 NAME	
STREET ADDRESS	<b>6 REYNWOOD MANOR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENWICH CT 06831</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUBY, DALLAS. W</b>	6.2 NAME	
STREET ADDRESS	<b>31 KETTLE CREEK ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON CT 06883</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 (if changed), or on an attachment, with an address.

SIGNATURE: *Richard G. McCarty*

**Richard G. McCarty**  
Secretary

1/29/98 203-328-6399

CR2E034 (10/97)