2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841902

SIGNATURE:

NORTH STAR REINSURANCE CORPORATION



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90220 023 ***150.00

ļ			1 7.		<u>'</u>		
695 EAST	al Place of Business ST MAIN STREET ORD CT 06904	Mailing Address 695 EAST MAIN STREI STAMFORD CT 06904	695 EAST MAIN STREET				
2. Princir	ipal Place of Business	2 Mailing Address					/AN ANAN ANAN 1887
		3. Mailing Address	-		L TORKAN HOLLY BIRDS STAND JUSTIC DESILE STAL BEIN.	AH BUBU BUBU BU	
Suite, A	, Apt. #, etc.	Suite, Apt. #, etc.					
City & S	State	City & State		'	CHECK HERE IF MAKII	NG CHANG	iES
Zip	Country				4. FEI Number 13-2930109		Applied For
<u></u>		Zip	Country		E Cortificato -60:	\$8.75	Not Applicable Additional
	6. Name and Address of Currer	ent Registered Agent				Fee Regu	Additional uired
INSUR#	IANCE COMMISSIONER OF FLORIDA		Nar	ame	7. Name and Address of New Registered	d Agent	
THE CAI	apitol bldg.	/A	Str	reet Address (*	(P.O. Box Number is Not Acceptable)		
	HASSEE,FL ABW FL		-	and an analysis and Acceptable)			
	.			<u></u>			
• The abc			City	/	FI	Zip Co	ode
the oblig	 ve named entity submits this statement to gations of registered agent. 	for the purpose of changing if	its registered offic	ce or registere	ed agent, or both, in the State of Florida. I am	4-milior wi	
					-	Lightanga	i, and accept
SIGNATURE	Signature, typed or printed name of registered agent	uent and title if applicable. (N/	Arant				
-	FILE NOW!!! FEE IS \$150.00	I die inc i depresant	OTE: Registered Agent sig	ignature required wr	when reinstating) DATE		
Afte	fter May 1, 2003 Fee will he \$550 on	n			9. Election Campaign Financing		
Make Chec	eck Payable to Florida Department o	of State			Truck F. (c)	□ \$5.0	.00 May Be led to Fees
10.	OFFICERS AND	ND DIRECTORS	11,				
NAME	BRANDON, JOSEPH P	☐ Delete	TITLE	_L	ADDITIONS/CHANGES TO OFFICERS AND		
STREET ADDRESS	s 49 HEATHER ROAD		NAME			☐ Change	Addition
CITY-ST-ZIP	MONROE CT 06468		STREET ADDRESS CITY-ST-ZIP	SS			
TITLE	D MCCAECDEY THOTAY	□ Delete	TITLE				
Name Street address	MCCAFFREY, TIMOTHY T 8 WINDING LANE	E Bolloto	TITLE NAME	1		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	WESTPORT CT 06880		STREET ADDRESS	.ss			1
FITLE—	P		CITY-ST-ZIP				I
NAME	MONTROSS, FRANKLIN	Delete	NAME	P_&_D	72,000	- Change	
STREET ADDRESS	60 DAVID'S HILL RD		NAME STREET ADDRESS	Frank	klin Montross IV	Jen.	-La-riounica
	BEDFORD HILLS NY		CITY-ST-ZIP				J
IAME	MCCARTY, RICHARD G	☐ Delete	TITLE	S & D	<u> </u>	- Yohanaa	
TREET ADDRESS	695 EAST MAIN STREET		NAME STREET ADDRESS	Richa	ard G. McCarty	⊠ Change	☐ Addition
ITY-ST-ZIP	STAMFORD CT 06901		STREET ADDRESS CITY-ST-ZIP	,	12 01 110001207		1
TLE		□ Delete	TITLE	+			
AME TREET ADDRESS	1	-	NAME	1	,	☐ Change	☐ Addition
TY-ST-ZIP	1		STREET ADDRESS	از			1
LE	,		CITY-ST-ZIP				
ME	ı	☐ Delete	TITLE NAME	T	1	☐ Change	☐ Addition
REET ADDRESS 'Y-ST-ZIP	1	,	NAME Street Address				L_ (1997
		<i>'</i>	CITY-ST-ZIP		•		
I nereby cer indicated o	artify that the information supplied with the on this report or supplemental report is the supplemental report in the supplementa	this filling does not qualify for the	he exemption sta	ated in Section	n 119.07(3)(i), Florida Statutes. I further certify e legal effect as if made under oath, that I am		
of the corpu changed, o	oration or the receiver or trustee empow- or on an attachment with an address, wi	wered to execute this report as	signature shall no s required by Cho	nave the same that the same th	n 119.07(3)(i), Florida Statutes. I further certify e legal effect as if made under oath; that I am orida Statutes; and that my name appears in B	y that the into	ormation or director
	· · · · · · · · · · · · · · · · · · ·	with all other like empowered.		pior only	ida Statutes; and that my hame appears in b	Jlock 10 or B	Jlock 11 if
GNATH		1785 [1] 15 15 1mm m					

WEDRichard G. McCarty

2/14/03

203-328-5000 Daytime Phone #