

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85165

FILED
Apr 30, 2009
Secretary of State

Entity Name: AMSTAR INSURANCE COMPANY

Current Principal Place of Business:

5959 BLUE LAGOON DRIVE, STE 400
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5959 BLUE LAGOON DRIVE, STE 400
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-0156603

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: SVP () Delete
Name: LYNCH, JOHN J
Address: 5959 BLUE LAGOON DR STE 400
City-St-Zip: MIAMI, FL 33128

Title: D () Delete
Name: FERNANDEZ-SILVA, JORGE
Address: 8041 SW 54 COURT
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: JIMENEZ, ANDRES
Address: 5959 BLUE LAGOON DR, SUITE 400
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: FERNANDEZ-CID, JAVIER
Address: 5959 BLUE LAGOON DR, STE 400
City-St-Zip: MIAMI, FL 33126

Title: PCEO () Delete
Name: TAMAYO, JAIME
Address: 5959 BLUE LAGOON DR, STE 400
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: FANTIS, DENNIS M
Address: 5959 BLUE LAGOON DR, STE 400
City-St-Zip: MIAMI, FL 33126

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
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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 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: DANIEL P. OLOHAN

SEC

04/30/2009

Electronic Signature of Signing Officer or Director

Date