


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90014 025 ***150.00

DOCUMENT # J85360
 1. Entity Name
STAR CASUALTY INSURANCE COMPANY



Principal Place of Business
**3750 WEST FLAGLER ST.
 MIAMI, FL 33134-1602**

Mailing Address
**3750 WEST FLAGLER ST.
 MIAMI, FL 33134-1602**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40108226



04262007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0071432

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRELLA, NICOLAS 3750 W. FLAGLER ST. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. D. GABE, PAUL G. JR. 3750 W FLAGLER ST. MIAMI, FL. 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRELLA, JOSEFINA 3750 W FLAGLER ST. MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MOSEK, DON 3750 W FLAGLER ST. MIAMI, FL. 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, LIDIA 3750 W FLAGLER ST. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ESTRELLA, NICOLAS JR. 3750 W. FLAGLER ST. MIAMI, FL. 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAJAC, ALEJANDRO R. 3750 W. FLAGLER ST. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRELLA, JOSE E. 3750 W. FLAGLER ST. MIAMI, FL. 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESTRELLA, RICHARD 3750 W FLAGLER ST MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, J. PAUL 3750 W. FLAGLER ST. MIAMI, FL. 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REMUDO, MARIA 3750 W FLAGLER STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul A. Halye, Jr. **DATE:** 04/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #