

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85360

FILED
Apr 27, 2010
Secretary of State

Entity Name: STAR CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

5539 SW 8 STREET
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

5539 SW 8 STREET
MIAMI, FL 33134

New Mailing Address:

FEI Number: 65-0071432

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: D
Name: ESTRELLA, NICHOLAS
Address: 3750 W. FLAGLER ST.
City-St-Zip: MIAMI, FL

Title: PD
Name: MOSER, DONALD
Address: 5539 SW 8 STREET
City-St-Zip: MIAMI, FL 33134

Title: CCEO
Name: PAUL, GABE E
Address: 5539 SW 8 STREET
City-St-Zip: MIAMI, FL 33134

Title: T
Name: ZAJAC, ALEJANDRO
Address: 5539 SW 8 ST
City-St-Zip: MIAMI, FL 33134

Title: DVP
Name: ESTELLA, JOSE E
Address: 5539 SW 8 STREET
City-St-Zip: MIAMI, FL 33134

Title: D
Name: ESTRELLA, AMANDA J
Address: 5539 SW 8 STREET
City-St-Zip: MIAMI, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: PAUL GABE JR

P

04/27/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date