

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 28, 2011  
Secretary of State**

**DOCUMENT# J85360**

**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

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: BRILL, FRANCIS  
Address: 5539 SW 8 STREET  
City-St-Zip: MIAMI, FL 33134

Title: CP  
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: ESTRELLA, 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: ALEX ZAJAC

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

06/28/2011

\_\_\_\_\_  
Date