FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03268 (0)

1. Corporation Name

ACSTAR INSURANCE COMPANY

Principal Place of Business

233 MAIN STREET
P.O. BOX 2350
NEW BRITAIN CT 06050-9350

Mailing Address

233 MAIN STREET
P.O. BOX 2350
NEW BRITAIN CT 06050-9350

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1984

3a. Date of Last Report: 05/01/1994

4. FEI Number: 36-2704802 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 24 Country 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	NOZKO, HENRY W., SR.
STREET ADDRESS	233 MAIN STREET
CITY-ST-ZIP	NEW BRITAIN CT
TITLE	PT
NAME	NOZKO, HENRY W., JR.
STREET ADDRESS	233 MAIN STREET
CITY-ST-ZIP	NEW BRITAIN CT
TITLE	VS
NAME	FRAZER, ROBERT H.
STREET ADDRESS	223 MAIN STREET
CITY-ST-ZIP	NEW BRITAIN CT
TITLE	D
NAME	SELIGMAN, RICHARD M.
STREET ADDRESS	525 W MONROE ST.
CITY-ST-ZIP	CHICAGO IL
TITLE	D
NAME	NICKLIN, F. OLIVER
STREET ADDRESS	20 N WACKER DR.
CITY-ST-ZIP	CHICAGO IL
TITLE	D
NAME	JOHNSON, JAMES A.
STREET ADDRESS	20 N WACKER DR.
CITY-ST-ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		☐ Change ☐ Addition
11 TITLE		
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/26/95 203 224 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0394017 FP