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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

4. FEI Number

36-2704802

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
PLAZA LEVEL II
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and location of office

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME NOZKO, HENRY W., SR.
STREET ADDRESS 233 MAIN STREET
CITY-ST-ZIP NEW BRITAIN CT

☐ DELETE

TITLE PT
NAME NOZKO, HENRY W., JR.
STREET ADDRESS 233 MAIN STREET
CITY-ST-ZIP NEW BRITAIN CT

☐ DELETE

TITLE VS
NAME FRAZER, ROBERT H.
STREET ADDRESS 223 MAIN STREET
CITY-ST-ZIP NEW BRITAIN CT

☐ DELETE

TITLE D
NAME KASER, JEFFREY L
STREET ADDRESS 333 WEST WEAVER DRIVE, STE. 2600
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE D
NAME NICKLIN, F. OLIVER
STREET ADDRESS 20 N WACKER DR.
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE D
NAME JOHNSON, JAMES A.
STREET ADDRESS 20 N WACKER DR.
CITY-ST-ZIP CHICAGO IL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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]

4-15 08 1860 224-2000

CR2E034 (10/97)