FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90148 020 ***150.00

000168

DOCUMENT # P03268

1. Corporation Name
ACSTAR INSURANCE COMPANY

Principal Place of Business	Mailing Address
233 MAIN STREET P.O. BOX 2350 NEW BRITAIN CT 06050-9350	233 MAIN STREET P.O. BOX 2350 NEW BRITAIN CT 06050-9350

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☑ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NOZKO, HENRY W., SR.		1.2 NAME		
STREET ADDRESS	233 MAIN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW BRITAIN CT		1.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NOZKO, HENRY W., JR.		2.2 NAME		
STREET ADDRESS	233 MAIN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW BRITAIN CT		2.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRAZER, ROBERT H.		3.2 NAME		
STREET ADDRESS	223 MAIN STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW BRITAIN CT		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KASER, JEFFREY L		4.2 NAME		
STREET ADDRESS	333 WEST WECKER DRIVE, STE. 2600		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NICKLIN, F. OLIVER		5.2 NAME		
STREET ADDRESS	20 N WACKER DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JAMES A.		6.2 NAME		
STREET ADDRESS	20 N WACKER DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/13/99 860-224-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #