2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P03268

1. Entity 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

04282004 No Chg-P CR2E034 (10/03)

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

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	CIFONE, MICHAEL P
STREET ADDRESS	233 MAIN STREET
CITY-ST-ZIP	NEW BRITIAN, FL 06050
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	HICKEY, EDWARD L
STREET ADDRESS	9500 SEARS TOWER
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	D
NAME	NICKLIN, F. OLIVER
STREET ADDRESS	20 N WACKER DR.
CITY-ST-ZIP	CHICAGO, IL
TITLE	D
NAME	SULLIVAN, JOSEPH P
STREET ADDRESS	303 W. MADISON
CITY-ST-ZIP	CHICAGO, IL 60606

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04/29/04-80155-006 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Michael P. Cifone 4/28/2004 860-224-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #