


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03268</b> 1. Entity Name <b>ACSTAR INSURANCE COMPANY</b>	
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Principal Place of Business <b>233 MAIN STREET P.O. BOX 2350 NEW BRITAIN, CT 06050-9350</b>	Mailing Address <b>233 MAIN STREET P.O. BOX 2350 NEW BRITAIN, CT 06050-9350</b>
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04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-2704802</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CIFONE, MICHAEL P 233 MAIN STREET NEW BRITAIN, FL 06050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NOZKO, HENRY W., JR. 233 MAIN STREET NEW BRITAIN, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FRAZER, ROBERT H. 223 MAIN STREET NEW BRITAIN, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKEY, EDWARD L 9500 SEARS TOWER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWND, DAVID M 50 E MONROE ST CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOSEPH P 303 W. MADISON CHICAGO, IL 60606

<p>U000000750955 05/18/07-80083-010 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **4/30/07** **860-224-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #