
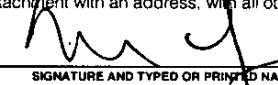


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90152 020 ***150.00

DOCUMENT # P03268 1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-2704802	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	V CIFONE, MICHAEL P 233 MAIN STREET NEW BRITAIN, CT 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	S NOZKO, HENRY III 233 MAIN ST NEW BRITAIN, CT 06050	
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 FRAZER, ROBERT H. 233 MAIN ST NEW BRITAIN, CT 06050	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKEY, EDWARD L 9500 SEARS TOWER CHICAGO, IL 60606		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWND, DAVID M 50 E MONROE ST CHICAGO, IL 60603		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOSEPH P 303 W. MADISON CHICAGO, IL 60606		Change Addition		
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 4/28/08 860-224-2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					