2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P03268

Entity Name: ACSTAR INSURANCE COMPANY

Current Principal Place of Business:

233 MAIN STREET
P.O. BOX 2350
NEW BRITAIN, CT 060509350

New Principal Place of Business:

233 MAIN STREET
NEW BRITAIN, CT 06050

Current Mailing Address:

233 MAIN STREET
P.O. BOX 2350
NEW BRITAIN, CT 060509350

New Mailing Address:

233 MAIN STREET
NEW BRITAIN, CT 06050

FEI Number: 36-2704802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	CIFONE, MICHAEL P	
Address:	233 MAIN STREET	
City-St-Zip:	NEW BRITAIN, CT 06050	
Title:	PT	( ) Delete
Name:	NOZKO, HENRY W., JR.	
Address:	233 MAIN STREET	
City-St-Zip:	NEW BRITAIN, CT	
Title:	D	( ) Delete
Name:	FRAZER, ROBERT H.	
Address:	223 MAIN STREET	
City-St-Zip:	NEW BRITAIN, CT	
Title:	D	( ) Delete
Name:	HICKEY, EDWARD L	
Address:	9500 SEARS TOWER	
City-St-Zip:	CHICAGO, IL 60606	
Title:	D	( ) Delete
Name:	ROWND, DAVID M	
Address:	50 E MONROE ST	
City-St-Zip:	CHICAGO, IL 60603	
Title:	D	( ) Delete
Name:	SULLIVAN, JOSEPH P	
Address:	303 W. MADISON	
City-St-Zip:	CHICAGO, IL 60606	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	PASENELLI, LORI	
Address:	50 E MONROE ST	
City-St-Zip:	CHICAGO, IL 60603	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. CIFONE MR. 04/29/2009
Electronic Signature of Signing Officer or Director — Date