2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# P03268

Entity Name: ACSTAR INSURANCE COMPANY

Current Principal Place of Business:

233 MAIN STREET
NEW BRITAIN, CT 06050

New Principal Place of Business:

Current Mailing Address:

233 MAIN STREET
NEW BRITAIN, CT 06050

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: VP
Name: MARSHALL, BRIAN P
Address: 233 MAIN STREET
City-St-Zip: NEW BRITAIN, CT 06050

Title: PT
Name: NOZKO, HENRY W., JR.
Address: 233 MAIN STREET
City-St-Zip: NEW BRITAIN, CT

Title: D
Name: FRAZER, ROBERT H.
Address: 223 MAIN STREET
City-St-Zip: NEW BRITAIN, CT

Title: D
Name: HICKEY, EDWARD L
Address: 9500 SEARS TOWER
City-St-Zip: CHICAGO, IL 60606

Title: D
Name: PASENELLI, LORI
Address: 50 E MONROE ST
City-St-Zip: CHICAGO, IL 60603

Title: D
Name: SULLIVAN, JOSEPH P
Address: 303 W. MADISON
City-St-Zip: CHICAGO, IL 60606

I hereby 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 all other like empowered.

SIGNATURE: BRIAN P. MARSHALL VP 04/23/2012

Electronic Signature of Signing Officer or Director — Date