


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P18701 1. Entity Name STAR INSURANCE COMPANY	
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Principal Place of Business 26255 AMERICAN DR SOUTHFIELD, MI 48034-6112 US	Mailing Address 26255 AMERICAN DR SOUTHFIELD, MI 48034-6112 US
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04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2626205	Applied For Not Applicable
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

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SPAUN, KAREN M 26255 AMERICAN DR SOUTHFIELD, MI 480346112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGAL, MERTON J 26255 AMERICAN DR SOUTHFIELD, MI 480346112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COSTELLO, MICHAEL G 26255 AMERICAN DR SOUTHFIELD, MI 480346112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILDE, GREGORY L 26255 AMERICAN DRIVE SOUTHFIELD, MI 480346112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ALLEN, KENN R 26255 AMERICAN DR SOUTHFIELD, MI 480346112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CUBBIN, ROBERT S. 26255 AMERICAN DR SOUTHFIELD, MI 480346112

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05/15/06-80051-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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.
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SIGNATURE:  Asst. Secretary 04-25-06 248-204-8281	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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