2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18701

Entity Name: STAR INSURANCE COMPANY

FILED Apr 20, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

26255 AMERICAN DR

SOUTHFIELD, MI 480346112 US

Current Mailing Address: New Mailing Address:

26255 AMERICAN DR SOUTHFIELD, MI 480346112 US

FEI Number: 38-2626205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

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SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DVP

 Name:
 SPAUN, KAREN M

 Address:
 26255 AMERICAN DR

 City-St-Zip:
 SOUTHFIELD, MI 480346112

Title: DP

 Name:
 JOSEPH, MATTINGLY

 Address:
 26255 AMERICAN DR

 City-St-Zip:
 SOUTHFIELD, MI 480346112

Title: SVPS

 Name:
 COSTELLO, MICHAEL G

 Address:
 26255 AMERICAN DR

 City-St-Zip:
 SOUTHFIELD, MI 480346112

Title: DVP

 Name:
 ALLEN, KENN R

 Address:
 26255 AMERICAN DR

 City-St-Zip:
 SOUTHFIELD, MI 480346112

Title: DC

 Name:
 CUBBIN, ROBERT S.

 Address:
 26255 AMERICAN DR

 City-St-Zip:
 SOUTHFIELD, MI 480346112

Title: TR

 Name:
 STEVEN, DIVINE

 Address:
 26255 AMERICAN DRIVE

 City-St-Zip:
 SOUTHFIELD, MI 480346112

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: MICHAEL COSTELLO SVPS 04/20/2011