

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03268

Entity Name: ACSTAR INSURANCE COMPANY**Current Principal Place of Business:**303 W. MADISON
SUITE 200
CHICAGO, IL 60606**Current Mailing Address:**30 SOUTH ROAD
FARMINGTON, CT 06032**FEI Number:** 36-2704802**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O C T CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	MARSHALL, BRIAN P
Address	30 SOUTH ROAD
City-State-Zip:	FARMINGTON CT 06032

Title	PT
Name	NOZKO, HENRY W., JR.
Address	30 SOUTH ROAD
City-State-Zip:	FARMINGTON CT 06032

Title	D
Name	FRAZER, ROBERT H.
Address	30 SOUTH ROAD
City-State-Zip:	FARMINGTON CT 06032

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

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

Title	D
Name	SULLIVAN, JOSEPH P
Address	303 W. MADISON
City-State-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: CHRIS PALMERO**ASSISTANT
CONTROLLER****02/22/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date