

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001503

FILED
Feb 16, 2011
Secretary of State

Entity Name: HILLSTAR INSURANCE COMPANY

Current Principal Place of Business:

2555 EAST 55TH PLACE
SUITE 209
INDIANAPOLIS, IN 46220

New Principal Place of Business:

Current Mailing Address:

3700 COLONNADE PARKWAY
BIRMINGHAM, AL 35243

New Mailing Address:

FEI Number: 31-1358834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE FLORIDA INSURANCE COMMISSIONER
200 EAST GAINES STREET
TALLAHASSEE, FL 323990300 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: P
Name: STONE, TOMMY J
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: CFOD
Name: SMITH, ROGER
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: SD
Name: SIMON, SAMUEL J
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: VTD
Name: PRESTRIDGE, ROGER H
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: D
Name: GOBER, JAMES R
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: VP
Name: WILLIAMS, SHELIA H
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243 US

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: ROGER H. PRESTRIDGE

VP-T

02/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date