

1.) CORPORATION NAME:

DUE DATE: **7/31/2011**

GENERAL STAR NATIONAL INSURANCE COMPANY

SCC ID NO: **F0025454**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 LONG RIDGE ROAD

CITY/ST/ZIP: STAMFORD, CT 06902-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PATRICIA ROBERTS
TITLE: PRES/CEO
ADDRESS: 120 LONG RIDGE ROAD
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

NAME: GREGORY J DIORIO
TITLE: SR. VP
ADDRESS: 120 LONG RIDGE ROAD
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

NAME: VICTORIA SEEGER
TITLE: SR VP
ADDRESS: 120 LONG RIDGE ROAD
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

NAME: WILLIAM G GASKASKA
TITLE: CFO/T
ADDRESS: 120 LONG RIDGE ROAD
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

NAME: SOLAN B SCHWAB
TITLE: SECRETARY
ADDRESS: 120 LONG RIDGE ROAD
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ PATRICIA ROBERTS</u>	<u>PATRICIA ROBERTS, PRES/CEO</u>	<u>6/14/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.