


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90141 028 ***150.00

DOCUMENT # F0000002861 1. Entity Name CONSTITUTION INSURANCE COMPANY	
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Principal Place of Business 717 FIFTH AVENUE NEW YORK, NY 10022-8101	Mailing Address 717 FIFTH AVENUE NEW YORK, NY 10022-8101
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50046973



2. Principal Place of Business 1345 Avenue of the Americas Suite, Apt. #, etc. 20th Floor City & State New York, NY	3. Mailing Address 1345 Avenue of the Americas Suite, Apt. #, etc. 20th Floor City & State New York, NY
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04182005 Chg-P CR2E034 (10/03)

4. FEI Number 13-2798872	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Zip 10105	Country New York	Zip 10105	Country New York
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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KANN, ACHIM GEREONSHOF D-50660 COLOGNE GERMANY, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KANN, ACHIM IM MEDIA PARK 4B COLOGNE, GERMANY 50670 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUNAES, BARD E 717 FIFTH AVE. NEW YORK, NY 10022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUNAES, BARD E. 1345 Avenue of the Americas, 20th Floor New York, NY 10105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGEOUGH, THOMAS J 717 FIFTH AVE. NEW YORK, NY 10022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGEOUGH, THOMAS J. 1345 Avenue of the Americas, 20th Floor New York, NY 10105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FINKELSTEIN, BRIAN W 717 FIFTH AVE. NEW YORK, NY 10022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BRIAN WAYNE FINKELSTEIN 1345 Avenue of the Americas, 20th Floor New York, NY 10105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV KEOGH, BARRY 717 FIFTH AVE. NEW YORK, NY 10022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KEOGH, BARRY 1345 AVENUE OF THE AMERICAS, 20th FLOOR New York, NY 10105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLETCHER, JAMES 717 FIFTH AVE NEW YORK, NY 10022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FLETCHER, JAMES 1345 AVENUE OF THE AMERICAS, 20TH FLOOR New York, NY 10105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.

SIGNATURE: 	BRIAN WAYNE FINKELSTEIN	4/29/05	212-754-7525
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>