
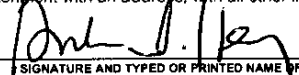


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90217 027 ***150.00

DOCUMENT # F0000002861					
1. Entity Name CONSTITUTION INSURANCE COMPANY					
Principal Place of Business 1345 AVENUE OF THE AMERICAS 20TH FLOOR NEW YORK, NY 10105		Mailing Address 1345 AVENUE OF THE AMERICAS 20TH FLOOR NEW YORK, NY 10105			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-2798872	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL	Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KANN, ACHIM	NAME			
STREET ADDRESS	IM MEDIA PARK 48	STREET ADDRESS			
CITY-ST-ZIP	COLOGNE, GERMANY, 50670	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUNAES, BARD E	NAME			
STREET ADDRESS	1345 AVENUE OF THE AMERICAS, FLR-20	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10105	CITY-ST-ZIP			
TITLE	EVPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, DAVID W	NAME			
STREET ADDRESS	1345 AVE OF THE AMERICAS 20TH FLOOR	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10105	CITY-ST-ZIP			
TITLE	EVP <input checked="" type="checkbox"/> Delete	TITLE	EVP & CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINKELSTEIN, BRIAN W	NAME	BURTON I. HENRY		
STREET ADDRESS	1345 AVENUE OF THE AMERICAS, FLR-20	STREET ADDRESS	1345 AVENUE OF THE AMERICAS, 20TH FLOOR		
CITY-ST-ZIP	NEW YORK, NY 10105	CITY-ST-ZIP	NEW YORK, NY 10105		
TITLE	SV <input checked="" type="checkbox"/> Delete	TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEOGH, BARRY	NAME	THOMAS HILL		
STREET ADDRESS	1345 AVENUE OF THE AMERICAS, FLR-20	STREET ADDRESS	1345 AVENUE OF THE AMERICAS, 20TH FLOOR		
CITY-ST-ZIP	NEW YORK, NY 10105	CITY-ST-ZIP	NEW YORK, NY 10105		
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLETCHER, JAMES	NAME			
STREET ADDRESS	1345 AVENUE OF THE AMERICAS, FLR-20	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10105	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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: 		Date: 4/24/07		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40083898



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