

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 01, 2011
Secretary of State**

DOCUMENT# F00000002861

Entity Name: CONSTITUTION INSURANCE COMPANY

Current Principal Place of Business:

109 SOUTH WARREN STREET
SUITE 316
SYRACUSE, NY 13292 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8424
OMAHA, NE 68108 US

New Mailing Address:

FEI Number: 13-2798872 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: MENZIES, STEVEN
Address: PO BOX 8424
City-St-Zip: OMAHA, NE 68108 US

Title: S
Name: SILVER, JEFFREY
Address: PO BOX 8424
City-St-Zip: OMAHA, NE 68108

Title: T
Name: MENZIES, STEVEN
Address: PO BOX 8424
City-St-Zip: OMAHA, NE 68108

Title: D
Name: DAVIS, LINDA
Address: PO BOX 8424
City-St-Zip: OMAHA, NE 68108

Title: D
Name: FERENC, SIDNEY
Address: PO BOX 8424
City-St-Zip: OMAHA, NE 68108

Title: D
Name: RIDER, TROY
Address: PO BOX 8424
City-St-Zip: OMAHA, NE 68108

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: JEFFREY SILVER

S

06/01/2011

Electronic Signature of Signing Officer or Director

Date