

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90187 011 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # F00000002861

1. Entity Name
CONSTITUTION INSURANCE COMPANY



Principal Place of Business
**717 FIFTH AVENUE
NEW YORK NY 10022-8101**

Mailing Address
**717 FIFTH AVENUE
NEW YORK NY 10022-8101**

90006540



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **13-2798872** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TARTARO, THOMAS J 717 FIFTH AVE. NEW YORK NY 10022 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV PERROTTA, GEORGE J 717 FIFTH AVE. NEW YORK NY 10022 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, DAVID W 717 FIFTH AVE. NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MICHAEL, MORRILL 217 FIFTH AVENUE NEW YORK NY 10022 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD NIEBUHR, GERHARD D-50670 GEREONSHOF COLOGNE, GERMANY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Stephan Knipper <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gereonshof D-50660 Cologne Germany
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kevin McCafferty <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 717 Fifth Avenue New York, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Michael Tamert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 717 Fifth Avenue New York, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Brian Finkelstein <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 717 Fifth Avenue New York, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: SIGNATURE REQUIRED DAVID W. SMITH **EVP, General Counsel & Secretary**
1/9/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)