## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000002861

Entity Name: CONSTITUTION INSURANCE COMPANY

**Current Principal Place of Business:** 

**109 SOUTH WARREN STREET** SUITE 316 SYRACUSE, NY 13292

## **Current Mailing Address:**

PO BOX 8424 OMAHA, NE 68108 US

# FEI Number: 13-2798872

#### Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399 US

FILED Mar 12, 2014 Secretary of State CC0064808728

Certificate of Status Desired: No

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

## Officer/Director Detail :

Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	MENZIES, STEVEN	Name	SILVER, JEFFREY	
Address	PO BOX 8424	Address	PO BOX 8424	
City-State-Zip:	OMAHA NE 68108	City-State-Zip:	OMAHA NE 68108	
Title	TREASURER	Title	DIRECTOR	
Name	MENZIES, STEVEN	Name	DAVIS, LINDA	
Address	PO BOX 8424	Address	PO BOX 8424	
City-State-Zip:	OMAHA NE 68108	City-State-Zip:	OMAHA NE 68108	
Title	DIRECTOR	Title	DIRECTOR	
Name	FERENC, SIDNEY	Name	ANSONIA, JOHN M	
Address	PO BOX 8424	Address	PO BOX 8424	
City-State-Zip:	OMAHA NE 68108	City-State-Zip:	OMAHA NE 68108	
Title	DIRECTOR	Title	DIRECTOR	
Name	BUTLER, ERIC L	Name	DEBARBRIE, CARL J	
Address	PO BOX 8424	Address	PO BOX 8424	
City-State-Zip:	OMAHA NE 68108	City-State-Zip:	OMAHA NE 68108	

# Continues on page 2

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

SECRETARY

03/12/2014

Date

Electronic Signature of Signing Officer/Director Detail

Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	HU, XIAOYUN A	Name	MENZIES, ANN E
Address	PO BOX 8424	Address	PO BOX 8424
City-State-Zip:	OMAHA NE 68108	City-State-Zip:	OMAHA NE 68108
Title	DIRECTOR	Title	DIRECTOR
Name	MENZIES-ANSONIA, CATHERINE L	Name	SILVER, MARY
Address	PO BOX 8424	Address	PO BOX 8424
City-State-Zip:	OMAHA NE 68108	City-State-Zip:	OMAHA NE 68108
Title	DIRECTOR	Title	DIRECTOR
Name	TRACT, MARC M	Name	VAN HORN, KATY M
Address	PO BOX 8424	Address	PO BOX 8424
City-State-Zip:	OMAHA NE 68108	City-State-Zip:	OMAHA NE 68108