2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000002861

Entity Name: CONSTITUTION INSURANCE COMPANY

Current Principal Place of Business:

13 WEST MAIN STREET CAMBRIDGE, NY 12816

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 **J**

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 :

	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
	Title Name	DIRECTOR FERENC, SIDNEY	Title Name	DIRECTOR BUTLER, ERIC L
	Name	FERENC, SIDNEY PO BOX 8424	Name	BUTLER, ERIC L
	Name Address	FERENC, SIDNEY PO BOX 8424	Name Address	BUTLER, ERIC L PO BOX 8424
	Name Address City-State-Zip:	FERENC, SIDNEY PO BOX 8424 OMAHA NE 68108 DIRECTOR	Name Address City-State-Zip:	BUTLER, ERIC L PO BOX 8424 OMAHA NE 68108
	Name Address City-State-Zip: Title	FERENC, SIDNEY PO BOX 8424 OMAHA NE 68108	Name Address City-State-Zip: Title	BUTLER, ERIC L PO BOX 8424 OMAHA NE 68108 DIRECTOR
	Name Address City-State-Zip: Title Name	FERENC, SIDNEY PO BOX 8424 OMAHA NE 68108 DIRECTOR DEBARBRIE, CARL J	Name Address City-State-Zip: Title Name	BUTLER, ERIC L PO BOX 8424 OMAHA NE 68108 DIRECTOR HU, XIAOYUN A PO BOX 8424

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

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 02, 2019 Secretary of State 8656909926CC

Date

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	MENZIES, ANN E	Name	MENZIES-ANSONIA, CATHERINE L
Address	PO BOX 8424	Address	PO BOX 8424
City-State-Zip:	OMAHA NE 68108	City-State-Zip:	OMAHA NE 68108
			DIDECTOD
Title	DIRECTOR	Title	DIRECTOR
Name	SILVER, MARY	Name	TRACT, MARC M
Address	PO BOX 8424	Address	PO BOX 8424
City-State-Zip:	OMAHA NE 68108	City-State-Zip:	OMAHA NE 68108
Title	DIRECTOR	Title	TRUSTEE
Name	VAN HORN, KATY M	Name	PERCEY, DAVID S
Address	PO BOX 8424	Address	PO BOX 8424
City-State-Zip:	OMAHA NE 68108	City-State-Zip:	OMAHA NE 68108