

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002861

FILED
Jul 14, 2022
Secretary of State
6252091260CC

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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

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

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

Title DIRECTOR
Name BUTLER, ERIC L
Address PO BOX 8424
City-State-Zip: OMAHA NE 68108

Title DIRECTOR
Name DEBARBRIE, CARL J
Address PO BOX 8424
City-State-Zip: OMAHA NE 68108

Title DIRECTOR
Name TRACT, MARC M
Address PO BOX 8424
City-State-Zip: OMAHA NE 68108

Title TRUSTEE
Name PERCEY, DAVID S
Address PO BOX 8424
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

07/14/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STAFFORD, ROBERT
Address PO BOX 8424
City-State-Zip: OMAHA NE 68108