

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000002861

**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

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*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: STEVEN MENZIES**

**PRESIDENT**

**04/26/2023**

\_\_\_\_\_  
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