## 2021 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:

Title

Electronic Signature of Registered Agent

Date

**FILED** Feb 04, 2021

**Secretary of State** 

9679783014CC

Officer/Director Detail:

**DIRECTOR** 

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

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

DIRECTOR Title

Name DEBARBRIE, CARL J BUTLER, ERIC L Name

Address PO BOX 8424 PO BOX 8424 Address

City-State-Zip: OMAHA NE 68108 City-State-Zip: OMAHA NE 68108

Title **TRUSTEE** Title DIRECTOR

Name PERCEY, DAVID S TRACT, MARC M Name PO BOX 8424 Address PO BOX 8424 Address City-State-Zip: OMAHA NE 68108

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.

02/04/2021 SIGNATURE: JEFFREY SILVER **SECRETARY** 

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