## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002861

**Entity Name: CONSTITUTION INSURANCE COMPANY** 

**Current Principal Place of Business:** 

13 WEST MAIN STREET CAMBRIDGE. NY 12816

PO BOX 8424

OMAHA. NE 68108 US

**Current Mailing Address:** 

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

FILED Jan 19, 2018

**Secretary of State** 

CC4488733827

## 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 7ii: OMAHA NE 68

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

TitleDIRECTORTitleDIRECTORNameFERENC, SIDNEYNameBUTLER, ERIC LAddressPO BOX 8424AddressPO BOX 8424

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

Title DIRECTOR Title DIRECTOR

Name DEBARBRIE, CARL J Name HU, XIAOYUN A

Address PO BOX 8424

City-State-Zip: OMAHA NE 68108

Title DIRECTOR

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

Electronic Signature of Signing Officer/Director Detail

**SECRETARY** 

01/19/2018

Date

## 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

Title DIRECTOR Title DIRECTOR

Name SILVER, MARY Name TRACT, MARC M
Address PO BOX 8424 Address PO BOX 8424

Address PO BOX 8424 Address PO BOX 8424

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

Title DIRECTOR Title TRUSTEE

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