FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **832749** **(6)**

1. Corporate Name
CONSOLIDATED INSURANCE COMPANY

Principal Place of Business	Mailing Address
350 E 96TH STREET INDIANAPOLIS IN 46240 US	62 MAPLE AVENUE P.O. BOX 507 KEENE FL 03431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/26/1974**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
State, Apt. # or Rte. (22) | State, Apt. # or Rte. (27)
City & State (23) | City & State (28)
Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: **35-6018566** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	NEWMAN, H. STANLEY	NAME	
STREET ADDRESS	350 E. 96TH ST.	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	CITY-ST-ZIP	
TITLE	CEO	TITLE	☐ Change ☐ Addition
NAME	JEAN, ROGER L.	NAME	
STREET ADDRESS	62 MAPLE AVE	STREET ADDRESS	
CITY-ST-ZIP	KEENE NH	CITY-ST-ZIP	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	TRACEY, JOSEPH, P	NAME	
STREET ADDRESS	62 MAPLE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	KEENE NH 03431	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	WEST, S. K.	NAME	
STREET ADDRESS	125 BROAD STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY.	CITY-ST-ZIP	
TITLE	AVS	TITLE	Secretary ☑ Change ☐ Addition
NAME	SMITH, KIMBERLY O	NAME	
STREET ADDRESS	350 E. 96TH ST.	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	CITY-ST-ZIP	
TITLE	SVP	TITLE	☐ Change ☐ Addition
NAME	MCCAGUE, WILLIAM L.	NAME	
STREET ADDRESS	62 MAPLE AVE	STREET ADDRESS	
CITY-ST-ZIP	KEENE NH	CITY-ST-ZIP	

14. For Profit, I certify that the information indicated on this report, including any required attachments, is true and accurate and that my 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 I am familiar with the facts and circumstances which are required to be disclosed.

SIGNATURE: Joseph P. Tracey — 4/28/95 — (603)352-3221
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0473555 FP