

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 2-9-96

6-9-95-C

DOCUMENT # **832749 (6)**
1. Corporation Name
CONSOLIDATED INSURANCE COMPANY



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

3. Date Incorporated or Qualified: **07/26/1974** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **35-6018566**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for State, City, Zip, and Country.

9. Name and Address of Current Registered Agent: **INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, and City/Zip.

11. Pursuant to the provisions of Sections 607.0502 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 (86-90) and DATE (91-95) fields.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, H. STANLEY	
STREET ADDRESS	350 E. 96TH ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	JEAN, ROGER L.	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TRACEY, JOSEPH, P	
STREET ADDRESS	62 MAPLE AVENUE	
CITY-ST-ZIP	KEENE NH 03431	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEST, S. K.	
STREET ADDRESS	125 BROAD STREET	
CITY-ST-ZIP	NEW YORK, NY.	
TITLE	S A V S	<input type="checkbox"/> DELETE
NAME	SMITH, KIMBERLY O	
STREET ADDRESS	350 E. 96TH ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MCCAGUE, WILLIAM L.	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YEAGER, JOSEPH H.	
1.3 STREET ADDRESS	350 E. 96th St.	
1.4 CITY-ST-ZIP	Indianapolis, IN	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph P. Tracey* Joseph P. Tracey 2/2/96 (603) 352-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)