

# 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

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified  
07/26/1974

3a. Date of Last Report  
05/01/1995

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 Fees

8. This corporation has liability for intangible tax under s. 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 607.0502 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

(Signature, typed or printed name of registered agent and not applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

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	SVP	<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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph P. Tracey

2/2/96

(603) 352-3221

Date

Daytime Phone #

CR2E034 (12/95)