FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 03431-0507

3. Date Incorporated or Qualified: **07/26/1974**
3a. Date of Last Report: **02/09/1996**

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	COOPD	☒ Change ☐ Addition
NAME	YEAGER, JOSEPH H		1.2 NAME		
STREET ADDRESS	350 EAST 96TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		1.4 CITY-ST-ZIP		
TITLE	CEO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JEAN, ROGER L.		2.2 NAME		
STREET ADDRESS	62 MAPLE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEENE NH		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	SVPTD	☒ Change ☐ Addition
NAME	TRACEY, JOSEPH, P		3.2 NAME		
STREET ADDRESS	62 MAPLE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEENE NH 03431		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	EVP	☐ Change ☒ Addition
NAME	WEST, S. K.		4.2 NAME	Bell, Richard T.	
STREET ADDRESS	125 BROAD STREET		4.3 STREET ADDRESS	62 Maple Avenue	
CITY-ST-ZIP	NEW YORK, NY.		4.4 CITY-ST-ZIP	Keene, NH 03431	
TITLE	AVS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, KIMBERLY O		5.2 NAME		
STREET ADDRESS	350 E. 96TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		5.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	6.1 TITLE	SVPAS	☒ Change ☐ Addition
NAME	MCCAGUE, WILLIAM L.		6.2 NAME		
STREET ADDRESS	62 MAPLE AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	KEENE NH		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, SVPTD 1/15/97 603-352-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0496869

CONSOLIDATED INSURANCE COMPANY

ADDITIONAL OFFICER LISTING

COBD

Joseph Henrie Robert St. Jacques
5780 Powers Ferry Road, NW
Atlanta, GA 30348-5036

VPD

John Charles Robinson
350 East 96th Street
Indianapolis, IN 46240

D

Michael Wayne Cunningham
5780 Powers Ferry Road
Atlanta, GA 30348-5036

EVP

Ronald Allen Closser
62 Maple Avenue
Keene, NH 03431

SD

Kimberly Oliphant Smith
350 East 96th Street
Indianapolis, IN 46240