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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

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