

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/26/1974	
4. FEI Number 35-6018566		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			
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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	CPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YEAGER, JOSEPH H			1.2 NAME	Yeager, Joseph H.		
STREET ADDRESS	350 EAST 96TH STREET			1.3 STREET ADDRESS	350 East 96th St.		
CITY-ST-ZIP	INDIANAPOLIS IN			1.4 CITY-ST-ZIP	Indianapolis, IN 46240		
TITLE	CEO	<input type="checkbox"/> DELETE		2.1 TITLE	CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEAN, ROGER L.			2.2 NAME	Jean, Roger L.		
STREET ADDRESS	62 MAPLE AVE			2.3 STREET ADDRESS	62 Maple Ave.		
CITY-ST-ZIP	KEENE NH			2.4 CITY-ST-ZIP	Keene, NH 03431		
TITLE	SVPT	<input type="checkbox"/> DELETE		3.1 TITLE	SVPTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRACEY, JOSEPH, P			3.2 NAME	Tracey, Joseph P.		
STREET ADDRESS	62 MAPLE AVENUE			3.3 STREET ADDRESS	62 Maple Ave		
CITY-ST-ZIP	KEENE NH			3.4 CITY-ST-ZIP	Keene, NH 03431		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	EVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELL, RICHARD T.			4.2 NAME	Bell, Richard T.		
STREET ADDRESS	62 MAPLE AVE.			4.3 STREET ADDRESS	62 Maple Ave.		
CITY-ST-ZIP	KEENE NH			4.4 CITY-ST-ZIP	Keene, NH 03431		
TITLE	AVS	<input type="checkbox"/> DELETE		5.1 TITLE	AVSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, KIMBERLY O			5.2 NAME	Smith, Kimberly O		
STREET ADDRESS	350 E. 96TH ST.			5.3 STREET ADDRESS	350 E. 96th St.		
CITY-ST-ZIP	INDIANAPOLIS IN			5.4 CITY-ST-ZIP	Indianapolis, IN 46240		
TITLE	SVPA	<input type="checkbox"/> DELETE		6.1 TITLE	SVPSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCAGUE, WILLIAM L.			6.2 NAME	McCague, William L II		
STREET ADDRESS	62 MAPLE AVE			6.3 STREET ADDRESS	62 Maple Ave		
CITY-ST-ZIP	KEENE NH			6.4 CITY-ST-ZIP	Keene, NH 03431		

14. I 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* Joseph P. Tracey, SVP-Treasurer 2/5/98 603-352-3221

CR2E034 (10/97)