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0544431

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90020 005 ***150.00

DOCUMENT # **832749**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1974

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CPD** ☐ DELETE
NAME **YEAGER, JOSEPH H**
STREET ADDRESS **350 EAST 96TH STREET**
CITY-ST-ZIP **INDIANAPOLIS IN 46240**

TITLE **CEOD** ☐ DELETE
NAME **JEAN, ROGER L.**
STREET ADDRESS **62 MAPLE AVE**
CITY-ST-ZIP **KEENE NH 03431**

TITLE **SVTD** ☐ DELETE
NAME **TRACEY, JOSEPH, P**
STREET ADDRESS **62 MAPLE AVENUE**
CITY-ST-ZIP **KEENE NH 03431**

TITLE **EVP** ☐ DELETE
NAME **BELL, RICHARD T.**
STREET ADDRESS **62 MAPLE AVE.**
CITY-ST-ZIP **KEENE NH 03431**

TITLE **AVSD** ☒ DELETE
NAME **SMITH, KIMBERLY O**
STREET ADDRESS **350 E. 96TH ST.**
CITY-ST-ZIP **INDIANAPOLIS IN 46240**

TITLE **SVSD** ☒ DELETE
NAME **MCCAGUE, WILLIAM L.**
STREET ADDRESS **62 MAPLE AVE**
CITY-ST-ZIP **KEENE NH 03431**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SVP** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **Vice Chair-COO - Director** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **SVP-Treasurer** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Director** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **Chairman-CEO - Director** ☐ Change ☒ Addition
5.2 NAME **Victor M. Yerrill**
5.3 STREET ADDRESS **61 Broadway**
5.4 CITY-ST-ZIP **New York, NY 10006**

6.1 TITLE **Exec. VP-CFO - Director** ☐ Change ☒ Addition
6.2 NAME **Eugene G. Ballard**
6.3 STREET ADDRESS **61 Broadway**
6.4 CITY-ST-ZIP **New York, NY 10006**

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, with all other like empowered.

SIGNATURE:

Justin D. Healy

Justin D. Healy, VP

1/18/99

603-352-3221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)