

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90052 007 ***150.00

DOCUMENT # 832749

1. Entity Name
CONSOLIDATED INSURANCE COMPANY



Principal Place of Business

**350 E 96TH STREET
INDIANAPOLIS, IN 46240 US**

Mailing Address

**62 MAPLE AVENUE
KEENE, FL 03431**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202004

Chg-P

CR2E034 (10/03)

4. FEI Number

35-6018566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
CAPITOL BUILDING
TALLAHASSEE, FL 32304**

7. Name and Address of New Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd

City
Plantation

FL

Zip Code
33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VS
NAME JENKINS, DOUGLAS T
STREET ADDRESS 62 MAPLE AVENUE
CITY-ST-ZIP KEENE, NH 03431 ☐ Delete

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

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

TITLE D
NAME CONDRI, JAMES P III
STREET ADDRESS 62 MAPLE AVENUE
CITY-ST-ZIP KEENE, NH 03431 ☒ Delete

TITLE D
NAME MANSFIELD, CHRISTOPHER C
STREET ADDRESS 62 MAPLE AVENUE
CITY-ST-ZIP KEENE, NH 03431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V.P. & Secretary
NAME Douglas T. Jenkins ☒ Change ☐ Addition
STREET ADDRESS 6281 Tri-Ridge Blvd.
CITY-ST-ZIP Loveland, OH 45140

TITLE
NAME
STREET ADDRESS 175 Berkely St.
CITY-ST-ZIP Boston, MA 02117 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 6281 Tri-Ridge Blvd.
CITY-ST-ZIP Loveland, OH 45140 ☒ Change ☐ Addition

TITLE Director
NAME Michael R. Christiansen ☐ Change ☒ Addition
STREET ADDRESS 175 Berkely St
CITY-ST-ZIP Boston, MA 02117

TITLE
NAME
STREET ADDRESS 175 Berkely St.
CITY-ST-ZIP Boston, MA 02117 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael R. Christiansen 2/23/04 617-357-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #