

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832749

FILED
Apr 10, 2006
Secretary of State

Entity Name: CONSOLIDATED INSURANCE COMPANY

Current Principal Place of Business:

350 E 96TH STREET
INDIANAPOLIS, IN 46240 US

New Principal Place of Business:

Current Mailing Address:

62 MAPLE AVENUE
KEENE, FL 03431

New Mailing Address:

FEI Number: 35-6018566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: JENKINS, DOUGLAS T
Address: 6281 TRI-RIDGE BLVD.
City-St-Zip: LOVELAND, OH 45140

Title: CD () Delete
Name: JEAN, ROGER L.
Address: 175 BERKERLY ST.
City-St-Zip: BOSTON, MA 02117

Title: PCEO () Delete
Name: BELL, RICHARD T.
Address: 6281 TRI-RIDGE BLVD
City-St-Zip: LOVELAND, OH 45140

Title: EVD () Delete
Name: CHRISTIANSEN, MICHAEL
Address: 175 BERKERLY ST
City-St-Zip: BOSTON, MA 02117

Title: D () Delete
Name: MANSFIELD, CHRISTOPHER C
Address: 175 BERKERLY
City-St-Zip: BOSTON, MA 02117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: GREGG, GARY R
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, MA 02117

Title: TDIR (X) Change () Addition
Name: DORE, JAMES F
Address: 175 BERKELY ST.
City-St-Zip: BOSTON, MA 02117

Title: SEC (X) Change () Addition
Name: KENEALY, EDMUND C
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, MA 02117

Title: ASEC (X) Change () Addition
Name: PUGH, JAMES R
Address: 175 BERKELY ST
City-St-Zip: BOSTON, MA 02117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. PUGH

ASEC

04/10/2006

Electronic Signature of Signing Officer or Director

Date