

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000450 (6)**

1. Corporation Name

CONSOLIDATED INSURANCE GROUP OF AMERICA, INC.

Principal Place of Business

300 BELLEVUE PARKWAY
SUITE 140
WILMINGTON DE 19809

Mailing Address

300 BELLEVUE PARKWAY
SUITE 140
WILMINGTON DE 19809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1994

3a. Date of Last Report

2. Principal Place of Business

21 1415 Foulk Road

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Wilmington, DE

Zip

24 19803

Country

2a. Mailing Address

26 1415 Foulk Road

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Wilmington, DE

Zip

29 19803

Country

30

4. FEI Number

51-0310779

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ***** Delete *****

NAME MARTING, NEIL W
STREET ADDRESS 2905 SOUTHWESTERN
CITY-ST-ZIP DALLAS TX 75225

TITLE V
NAME BEALE, CHARLES L
STREET ADDRESS 710 S. PARK DR.
CITY-ST-ZIP HADDON TWP. NJ 08108

TITLE V
NAME ~~XXXXXXXXXXXX~~
STREET ADDRESS ~~XXXXXXXXXXXX~~
CITY-ST-ZIP ~~XXXXXXXXXX~~

TITLE VT
NAME AUGER, MICHAEL C
STREET ADDRESS 15302 EATON CT.
CITY-ST-ZIP TAMPA FL 33647

TITLE S
NAME VOSS, DEANNA
STREET ADDRESS 118 HAMILTON RD.
CITY-ST-ZIP LANDENBERG PA 19350

TITLE AS
NAME ~~XXXXXXXXXXXX~~
STREET ADDRESS ~~XXXXXXXXXXXX~~
CITY-ST-ZIP ~~XXXXXXXXXX~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman, CEO Change Addition

12 NAME Robert Rothman
13 STREET ADDRESS 100 N. Tampa Street, Suite 3600
14 CITY-ST-ZIP Tampa, FL 33602

2.1 TITLE SVP Change Addition

22 NAME
23 STREET ADDRESS 100 N. Tampa Street, Suite 3600
24 CITY-ST-ZIP Tampa, FL 33602

3.1 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE SVP, CIO, Treasurer Change Addition

42 NAME
43 STREET ADDRESS 100 N. Tampa Street, Suite 3600
44 CITY-ST-ZIP Tampa, FL 33602

5.1 TITLE VP, Secretary Change Addition

52 NAME
53 STREET ADDRESS 1415 Foulk Road, Suite 100
54 CITY-ST-ZIP Wilmington, DE 19803

6.1 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Deanna Voss

Deanna Voss

(302) 477-5979

3/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #