FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F94000000450 (6)

1. Corporation Name

~~CONSOLIDATED INSURANCE GROUP OF AMERICA, INC.~~

First Delaware Insurance Group, Inc.

Principal Place of Business	Mailing Address
1415 FOULK ROAD SUITE 100 WILMINGTON DE 19803 US	1415 FOULK ROAD SUITE 100 WILMINGTON DE 19803 US

3. Date Incorporated or Qualified: 01/28/1994
3a. Date of Last Report: 03/10/1995
4. FEI Number: 51-0310779 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
24 Zip / 25 Country	29 Zip / 30 Country

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

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	CCEO	☒ DELETE
NAME	ROTHMAN, ROBERT	
STREET ADDRESS	100 N TAMPA STREET, STE. 3600	
CITY-ST-ZIP	TAMPA FL	
TITLE	SVP	☐ DELETE
NAME	BEALE, CHARLES L	
STREET ADDRESS	100 N TAMPA STREET, STE. 3600	
CITY-ST-ZIP	TAMPA FL	
TITLE	SVPT	☒ DELETE
NAME	AUGER, MICHAEL C	
STREET ADDRESS	100 N TAMPA STREET, STE. 3600	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPS	☐ DELETE
NAME	VOSS, DEANNA	
STREET ADDRESS	1415 FOULK ROAD, STE. 100	
CITY-ST-ZIP	WILMINGTON DE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP CEO D	☐ Change ☒ Addition
1.2 NAME	Shaker A. Youssef	
1.3 STREET ADDRESS	1415 Foulk Rd, Ste 100	
1.4 CITY-ST-ZIP	Wilmington, DE 19803	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1415 Foulk Rd, Ste 100	
2.4 CITY-ST-ZIP	Wilmington DE 19803	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	100001853191	☐ Change ☐ Addition
6.2 NAME	-06/06/96--01025--041	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deanna Voss

4/25/96 — Date

(302)4775979 — Daytime Phone #

5/1/96