FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 21 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006158 (9)

1. Corporation Name
CONSOLIDATED INSURANCE HOLDINGS, INC.

Principal Place of Business	Mailing Address
1415 FOULK RD FOULKSTONE PLAZA WILMINGTON DE 19803	1415 FOULK RD FOULKSTONE PLAZA WILMINGTON DE 19803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: APPLIED FOR 51-0363038 ☐ 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

CT 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO *** Delete *****	1.1 TITLE	Vice President, Secretary	☐ Change ☒ Addition
NAME	ROTHMAN, ROBERT	1.2 NAME	Deanna Voss	
STREET ADDRESS	15310 AMBERLY DR, SUITE 315	1.3 STREET ADDRESS	1415 Foulk Road, Suite 100	
CITY-ST-ZIP	TAMPA FL 33647	1.4 CITY-ST-ZIP	Wilmington, DE 19803	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	ROTHMAN, ROBERT	2.2 NAME		
STREET ADDRESS	15310 AMBERLY DR, SUITE 315	2.3 STREET ADDRESS	100 N. Tampa Street, Suite 3600	
CITY-ST-ZIP	TAMPA FL 33647	2.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VCD	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	GIBBS, THOMAS E	3.2 NAME		
STREET ADDRESS	50 N. LAURA ST, SUITE 2850	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	Chairman, President, CEO, Director	☒ Change ☐ Addition
NAME	YOUSSEF, SHAKER A	4.2 NAME		
STREET ADDRESS	1415 FOULK RD, SUITE 100	4.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE 19803	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	SVP	☒ Change ☐ Addition
NAME	BEALE, CHARLES L	5.2 NAME		
STREET ADDRESS	15310 AMBERLY DR, SUITE 315	5.3 STREET ADDRESS	100 N. Tampa Street, Suite 3600	
CITY-ST-ZIP	TAMPA FL 33647	5.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VCIO	6.1 TITLE	SVP, CIO, Treasurer	☒ Change ☐ Addition
NAME	AUGER, MICHAEL C	6.2 NAME		
STREET ADDRESS	15310 AMBERLY DR, SUITE 315	6.3 STREET ADDRESS	100 N. Tampa Street, Suite 3600	
CITY-ST-ZIP	TAMPA FL 33647	6.4 CITY-ST-ZIP	Tampa, FL 33602	

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)(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.

SIGNATURE: Deanna Voss Deanna Voss 3/1/95 (302) 477-5979
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474307 FP