

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 # P02555 (1)

1. Corporation Name

CONSUMERS REINSURANCE COMPANY

Principal Place of Business

1200 CAMP HILL BY-PASS
P.O. BOX 26
CAMP HILL PA 17001-0026
US

Mailing Address

1200 CAMP HILL BY-PASS
P.O. BOX 26
CAMP HILL PA 17001-0026
US



3. Date Incorporated or Qualified
06/28/1984

3a. Date of Last Report
02/01/1995

4. FEI Number

86-0414938

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD
NAME ROBERTSON, JAMES C.
STREET ADDRESS 86 GREENWOOD CIRCLE
CITY-STATE-ZIP WORMLEYSBURG PA ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE V
NAME BYRNES, RALPH R.
STREET ADDRESS 621 MARIA DR.
CITY-STATE-ZIP HARRISBURG PA ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE V
NAME WALSH, WILLIAM J. JR.
STREET ADDRESS 6335 PENNSBORO DR.
CITY-STATE-ZIP MECHANICSBURG PA ☐ DELETE

3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME WALSH, WILLIAM J. JR.
3.3 STREET ADDRESS 6335 PENNSBORO DR.
3.4 CITY-STATE-ZIP MECHANICSBURG PA 17055

TITLE VT
NAME ZULLINGER R FREDRIC
STREET ADDRESS 5 GUNPOWDER RD
CITY-STATE-ZIP MECHANICSBURG PA ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE V
NAME KAPLAN, ALBERT
STREET ADDRESS 740 SUNSET DR.
CITY-STATE-ZIP WRIGHTSVILLE PA ☒ DELETE

5.1 TITLE S ☐ Change ☒ Addition
5.2 NAME KRAMER, PETER J.
5.3 STREET ADDRESS 686 ST. JOHN'S ROAD
5.4 CITY-STATE-ZIP CAMP HILL PA 17011

TITLE V
NAME KANE, EDWARD A.
STREET ADDRESS 825 RIDGEWOOD DR.
CITY-STATE-ZIP MECHANICSBURG PA ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J. KRAMER
SECRETARY

02/06/96 (717) 761-4230

CR2E034 (12/95)