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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 03/06/1996

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, JAMES C.	
STREET ADDRESS	86 GREENWOOD CIRCLE	
CITY - ST - ZIP	WORMLEYSBURG PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BYRNES, RALPH R.	
STREET ADDRESS	621 MARIA DR.	
CITY - ST - ZIP	HARRISBURG PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALSH, WILLIAM J JR	
STREET ADDRESS	6335 PENNSBORO DR.	
CITY - ST - ZIP	MECHANICSBURG PA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ZULLINGER R FREDRIC	
STREET ADDRESS	5 GUNPOWDER RD	
CITY - ST - ZIP	MECHANICSBURG PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KRAMER, PETER J	
STREET ADDRESS	686 ST JOHN'S RD	
CITY - ST - ZIP	CAMP HILL PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KANE, EDWARD A.	
STREET ADDRESS	825 RIDGEWOOD DR.	
CITY - ST - ZIP	MECHANICSBURG PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 owner 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, changed, or on attachment with an address.

SIGNATURE: R. Fredric Zullinger, VP & Treasurer

01/14/97 (717) 761-4230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)