

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 837093 (4)
1. Corporation Name
AMERICAN CENTENNIAL INSURANCE COMPANY



Principal Place of Business 1415 FOULK RD. SUITE 100 WILMINGTON DE 19803 US	Mailing Address 1415 FOULK RD SUITE 100 WILMINGTON DE 19803-2727 US
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3. Date Incorporated or Qualified 09/27/1976	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Suite 200 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 200 28 City & State 29 Zip 30 Country
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4. FEI Number 51-0110580	Applied For ☐ Not Applicable
6. 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 STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304

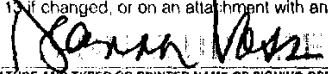
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	C
NAME	MURPHY, JOSEPH	1.2 NAME	Robert Rothman
STREET ADDRESS	1415 FOULD RD., SUITE 100	1.3 STREET ADDRESS	16057 Tampa Blvd. W., Box 198
CITY - ST - ZIP	WILMINGTON DE	1.4 CITY - ST - ZIP	Tampa, FL 33647
TITLE	CPCE	2.1 TITLE	PCEO
NAME	YOUSSEF, SHAKER A.	2.2 NAME	
STREET ADDRESS	1415 FOULK RD., SUITE 100	2.3 STREET ADDRESS	Suite 200
CITY - ST - ZIP	WILMINGTON DE	2.4 CITY - ST - ZIP	
TITLE	VPS	3.1 TITLE	
NAME	VOSS, DEANNA	3.2 NAME	
STREET ADDRESS	1415 FOULK RD STE 100	3.3 STREET ADDRESS	Suite 200
CITY - ST - ZIP	WILMINGTON DE	3.4 CITY - ST - ZIP	
TITLE	SVP	4.1 TITLE	
NAME	BEALE, CHARLES L.	4.2 NAME	
STREET ADDRESS	1415 FOULK RD. SUITE 100	4.3 STREET ADDRESS	Suite 200
CITY - ST - ZIP	WILMINGTON DE	4.4 CITY - ST - ZIP	
TITLE	EVPD	5.1 TITLE	
NAME	SCARPATO, PETER A.	5.2 NAME	
STREET ADDRESS	1415 FOULK RD., SUITE 100	5.3 STREET ADDRESS	Suite 200
CITY - ST - ZIP	WILMINGTON DE	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:  4/21/97 (302) 477-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0008471