

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90182 011 ***150.00

DOCUMENT # 837093

1. Entity Name
AMERICAN CENTENNIAL INSURANCE COMPANY

Principal Place of Business

**3501 SILVERSIDE RD
 203 NAAMANS BLDG
 WILMINGTON DE 19810
 US**

Mailing Address

**3501 SILVERSIDE RD
 203 NAAMANS BLDG
 WILMINGTON DE 19810
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0110580**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
 NAME **DAVIS, MORGAN W**
 STREET ADDRESS **3501 SILVERSIDE RD, 203 NAAMANS BLDG**
 CITY-ST-ZIP **WILMINGTON DE 19810**

TITLE **President & CEO** ☒ Change ☐ Addition
 NAME **Steven Elliot Fass**
 STREET ADDRESS **One Liberty Plaza, 19th Floor**
 CITY-ST-ZIP **New York, New York 10006**

TITLE **P** ☐ Delete
 NAME **YOUSSEF, SHAKER A.**
 STREET ADDRESS **3510 SILVERSIDE RD, 203 NAAMANS BLVD**
 CITY-ST-ZIP **WILMINGTON DE 19810**

TITLE **Executive Vice President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AVP** ☐ Delete
 NAME **SCULLY, CAROLYN**
 STREET ADDRESS **3501 SILVERSIDE RD, 203 NAAMANS BLDG**
 CITY-ST-ZIP **WILMINGTON DE 19810**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SVP** ☐ Delete
 NAME **PETRELLIS, LUANN M**
 STREET ADDRESS **3501 SILVERSIDE RD, 203 NAAMANS BLDG**
 CITY-ST-ZIP **WILMINGTON DE 19810**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **BEAULIEU, DENNIS P**
 STREET ADDRESS **3501 SILVERSIDE RD, 203 NAAMANS BLDG**
 CITY-ST-ZIP **WILMINGTON DE 19810**

TITLE **SVP & Secretary** ☒ Change ☐ Addition
 NAME **Donald Aaron Emeigh, Jr.**
 STREET ADDRESS **One Liberty Plaza, 19th Floor**
 CITY-ST-ZIP **New York, New York 10006**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn Scully
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carolyn Scully - Assistant Vice President, Controller & Treasurer

January 21, 2002, (302) 477-59117-59

Date Daytime Phone #

CR2E034 (9/01)