

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

**FILED**  
**Mar 06 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 # P23471 (6)**  
 1. Corporation Name  
**CENTURION CASUALTY COMPANY**



Principal Place of Business Mailing Address  
**206 EIGHTH STREET DES MOINES IA 50309**      **206 EIGHTH STREET DES MOINES IA 50309-3805**

3. Date Incorporated or Qualified **03/20/1989**      3a. Date of Last Report **03/05/1996**  
 4. FEI Number **42-1194107**      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

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      25      29      30

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent  
**DRUMHELLER, J F**      81 Name  
**250 INTERNATIONAL PKWY**      82 Street Address (P.O. Box Number is Not Acceptable)  
**SUITE 146**      83  
**HEATHROW FL 32746**      84 City      85 Zip Code **FL**

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SVD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCFARLAND, PATRICIA J</b>	1.2 NAME	
STREET ADDRESS	<b>206 EIGHTH STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DES MOINES IA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOD, DAVID C.</b>	2.2 NAME	
STREET ADDRESS	<b>206 EIGHTH STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DES MOINES IA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERENS, JAMES R.</b>	3.2 NAME	<b>Denise A. Wieland</b>
STREET ADDRESS	<b>206 EIGHTH STREET</b>	3.3 STREET ADDRESS	<b>206 Eighth Street</b>
CITY - ST - ZIP	<b>DES MOINES IA</b>	3.4 CITY - ST - ZIP	<b>Des Moines, IA</b>
TITLE	<b>TDV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, DENNIS E.</b>	4.2 NAME	
STREET ADDRESS	<b>206 EIGHTH STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DES MOINES IA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BETTLER, ROBERT W.</b>	5.2 NAME	
STREET ADDRESS	<b>206 EIGHTH STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DES MOINES IA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>V / D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERRITT, RONALD R.</b>	6.2 NAME	
STREET ADDRESS	<b>206 8TH STREET</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DES MOINES IA</b>	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: *Ronald R. Merritt*      RRM Ronald R. Merritt      2/26/97      515 243 2131

CR2E034 (9/96)

**Centurion Casualty Company**

**Secretary/Vice President/Director  
Patricia J. McFarland  
206 Eighth Street  
Des Moines, IA 50309**

**Vice President/Director  
Jeffrey D. Cash  
206 Eighth Street  
Des Moines, IA 50309**

**President/Director  
David C. Wood  
206 Eighth Street  
Des Moines, IA 50309**

**Vice President  
John C. Freeland  
206 Eighth Street  
Des Moines, IA 50309**

**Treasurer/Vice President/Director  
Dennis E. Young  
206 Eighth Street  
Des Moines, IA 50309**

**Vice President  
Denise A. Wieland  
206 Eighth Street  
Des Moines, IA 50309**

**Vice President/Director  
Ronald R. Merritt  
206 Eighth Street  
Des Moines, IA 50309**