

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

FILED
Feb 27 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 206 EIGHTH STREET DES MOINES IA 50309 | Mailing Address 206 EIGHTH STREET DES MOINES IA 50309 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|------------------------|-----------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/20/1989 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 42-1194107 | Applied For <input type="checkbox"/> Not Applicable |
| 23 Zip | 25 Country | 28 Zip | 29 Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent DRUMHELLER, J F 250 INTERNATIONAL PKWY SUITE 146 HEATHROW FL 32746 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|--|
| TITLE | SVD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCFARLAND, PATRICIA J | 1.2 NAME | |
| STREET ADDRESS | 206 EIGHTH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DES MOINES IA | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOOD, DAVID C. | 2.2 NAME | |
| STREET ADDRESS | 206 EIGHTH STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DES MOINES IA | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELAND, DENISE A | 3.2 NAME | |
| STREET ADDRESS | 206 EIGHTH ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DES MOINES IA | 3.4 CITY-ST-ZIP | |
| TITLE | TDV | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG, DENNIS E. | 4.2 NAME | |
| STREET ADDRESS | 206 EIGHTH STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DES MOINES IA | 4.4 CITY-ST-ZIP | |
| TITLE | V | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BETTEL, ROBERT W. | 5.2 NAME | VD |
| STREET ADDRESS | 206 EIGHTH STREET | 5.3 STREET ADDRESS | Jeffrey D. Cash |
| CITY-ST-ZIP | DES MOINES IA | 5.4 CITY-ST-ZIP | 206 Eighth Street |
| TITLE | VD | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERRITT, RONALD R. | 6.2 NAME | |
| STREET ADDRESS | 206 8TH STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DES MOINES IA | 6.4 CITY-ST-ZIP | |

14. 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 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* **Ronald R. Merritt RRM** 2/16/98 515-557-7270

CR2E034 (10/97)

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**