

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 857832

**Entity Name:** PARKER CENTENNIAL ASSURANCE COMPANY**Current Principal Place of Business:**1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481**Current Mailing Address:**1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481**FEI Number:** 31-0835312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CD
Name	MCPARTLAND, PETER G
Address	1800 NORTH POINT DRIVE
City-State-Zip:	STEVENS POINT WI 54481

Title	PRESIDENT
Name	SCHROEDER, TODD M
Address	1800 NORTH POINT DRIVE
City-State-Zip:	STEVENS POINT WI 54481

Title	SD
Name	KOBUSSEN, KIP J
Address	1800 NORTH POINT DRIVE
City-State-Zip:	STEVENS POINT WI 54481

Title	VD
Name	WILLIAMS, MICHAEL J
Address	1800 NORTH POINT DRIVE
City-State-Zip:	STEVENS POINT WI 54481

Title	TREASURER
Name	GWIDT, PAUL M
Address	1800 NORTH POINT DRIVE
City-State-Zip:	STEVENS POINT WI 54481

Title	DIRECTOR
Name	MCDONALD, JAMES E
Address	1800 NORTH POINT DRIVE
City-State-Zip:	STEVENS POINT WI 54481

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TODD M. SCHROEDER**PRESIDENT****03/06/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date