## 2015 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

## 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

#### **Officer/Director Detail :**

Title	CD	Title	PD	
Name	MCPARTLAND, PETER G	Name	HACKL, MARK R	
Address	1800 NORTH POINT DRIVE	Address	1800 NORTH POINT DRIVE	
City-State-Zip:	STEVENS POINT WI 54481	City-State-Zip:	STEVENS POINT WI 54481	
Title	D	Title	SD	
The	D	THUE	30	
Name	WEISHAN, JAMES J	Name	ERLER, KENNETH J	
Address	1800 NORTH POINT DRIVE	Address	1800 NORTH POINT DRIVE	
City-State-Zip:	STEVENS POINT WI 54481	City-State-Zip:	STEVENS POINT WI 54481	
Title	VD	Title	TREASURER, DIRECTOR	
	VD			
Name	WILLIAMS, MICHAEL J	Name	SANDERS, CAROL P	
		Name Address	SANDERS, CAROL P 1800 NORTH POINT DRIVE	
Name	WILLIAMS, MICHAEL J		1800 NORTH POINT DRIVE	
Name Address City-State-Zip:	WILLIAMS, MICHAEL J 1800 NORTH POINT DRIVE STEVENS POINT WI 54481	Address	1800 NORTH POINT DRIVE	
Name Address	WILLIAMS, MICHAEL J 1800 NORTH POINT DRIVE	Address	1800 NORTH POINT DRIVE	
Name Address City-State-Zip:	WILLIAMS, MICHAEL J 1800 NORTH POINT DRIVE STEVENS POINT WI 54481	Address	1800 NORTH POINT DRIVE	
Name Address City-State-Zip: Title	WILLIAMS, MICHAEL J 1800 NORTH POINT DRIVE STEVENS POINT WI 54481 ASST. TREASURER	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: CAROL P. SANDERS

TREASURER, DIRECTOR 04/03/2015

Electronic Signature of Signing Officer/Director Detail

FILED Apr 03, 2015 Secretary of State CC8912208305

Date

Certificate of Status Desired: No

Date