

2014 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 PD
Name HACKL, MARK R
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481

Title D
Name WEISHAN, JAMES J
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481

Title SD
Name ERLER, KENNETH 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, DIRECTOR
Name SANDERS, CAROL P
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481

Title ASST. TREASURER
Name GANTZ, DWAYNE
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

04/01/2014

Electronic Signature of Signing Officer/Director Detail_____
Date