

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23471

Entity Name: CENTURION CASUALTY COMPANY

Current Principal Place of Business:

9800 HEALTH CARE LANE
MINNETONKA, MN 55343

FILED
Apr 24, 2021
Secretary of State
6106388182CC

Current Mailing Address:

9800 HEALTH CARE LANE
MN006-W500
MINNETONKA, MN 55343 US

FEI Number: 42-1194107

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE SILAND RD
PLANTATION, FL 33324 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 SECRETARY
Name GALIMI, GAVIN G
Address 6601 CENTER DRIVE WEST SUITE 200
City-State-Zip: LOS ANGELES CA 90045

Title VP, CFO, DIRECTOR
Name BEDARD, JAMES F
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title TREASURER
Name GILL, PETER MARSHALL
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title PRESIDENT, CEO, DIRECTOR
Name MCQUAGGE, TROY A
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title ASST. SECRETARY
Name LANG, HEATHER ANASTASIA
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name CARR, PATRICK FRANCIS
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name GABRIEL, JAMES MARK
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name MILAM, MATTHEW WALKER
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

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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: HEATHER ANASTASIA LANG

ASSISTANT SECRETARY 04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WIFFLER, THOMAS PATRICK
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343