

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23471

**Entity Name:** CENTURION CASUALTY COMPANY

**Current Principal Place of Business:**

9800 HEALTH CARE LANE  
MINNETONKA, MN 55343

**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 VP, CFO, DIRECTOR  
Name BEDARD, JAMES F  
Address 185 ASYLUM STREET CITY PLACE 1  
City-State-Zip: HARTFORD CT 06103

Title TREASURER  
Name GILL , PETER MARSHALL  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title PRESIDENT, CEO, DIRECTOR  
Name MCQUAGGE, TROY A  
Address 2563 SW GRAPEVINE PKWY  
City-State-Zip: GRAPEVINE TX 76051

Title ASST. SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR  
Name CARR, PATRICK FRANCIS  
Address 7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title DIRECTOR  
Name GABRIEL, JAMES MARK  
Address 2020 INNOVATION COURT  
City-State-Zip: DE PERE WI 54115

Title DIRECTOR  
Name MILAM, MATTHEW WALKER  
Address 2717 N. 118THST., SUITE 300,  
City-State-Zip: OMAHA NE 68164

Title DIRECTOR  
Name WIFFLER, THOMAS PATRICK  
Address 200 EAST RANDOLPH, STE 5300  
City-State-Zip: CHICAGO IL 60601

**Continues on page 2**

*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:** LANG , HEATHER ANASTASIA

**ASSISTANT SECRETARY** 04/26/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name DANIEL LOUIS, ROGOFF  
Address 5701 KATELLA AVE CA 120-43  
City-State-Zip: CYPRESS CA 90630

Title VP  
Name NYLE BRENT, COTTINGTON  
Address 9800 HEALTH CARE LANE, MN006-W  
City-State-Zip: MINNETONKA MN 55343