

2023 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 DIRECTOR
Name WIFFLER, THOMAS PATRICK
Address 200 EAST RANDOLPH STREET,SUITE 5300
City-State-Zip: CHICAGO IL 60601

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

Title DIRECTOR
Name MORIZZO, CAROLYNN JOANN
Address 9900 BREN ROAD,TX950-1000
City-State-Zip: MINNETONKA MN 55343

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

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

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

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

Title VP
Name COTTINGTON, NYLE BRENT
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 04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name ROGOFF, DANIEL LOUIS
Address 5701 KATELLA AVENUE,CA120-043
City-State-Zip: CYPRESS CA 90630

Title CFO
Name SCHOETTLE, JEREMY MICHAEL
Address 7440 WOODLAND DRIVE
City-State-Zip: INDIANAPOLIS IN 46278

Title ASST. SECRETARY
Name BRODY, MICHAEL CHARLES
Address 680 BLAIR MILL RD
City-State-Zip: HORSHAM PA 19044