

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23471

FILED
Feb 14, 2020
Secretary of State
8651095562CC

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 S
Name GALIMI, GAVIN G
Address 6701 CENTER DRIVE WEST
SUITE 790
City-State-Zip: LOS ANGELES CA 90045

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

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

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

Title ASST. SECRETARY
Name LANG, HEATHER A
Address 9900 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

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 A

ASST. SECRETARY

02/14/2020

Electronic Signature of Signing Officer/Director Detail

Date