

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -7 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 805730 (9)

1. Corporation Name:

CENTENNIAL INSURANCE COMPANY

Principal Place of Business

3 GIRALDA FARMS
MADISON NJ 07940

Mailing Address

3 GIRALDA FARMS
MADISON NJ 07940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/17/1944

3a. Date of Last Report

05/01/1994

4. FEI Number

13-6104845

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23

27. City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

V

NAME

HAHN, JOHN W

STREET ADDRESS

45 WALL ST

CITY - ST - ZIP

NEW YORK, NY 00000

TITLE

VD

NAME

VON HASSEL, GEORGE A

STREET ADDRESS

45 WALL ST

CITY - ST - ZIP

NEW YORK, NY 00000

TITLE

CD

NAME

GORMAN, KENNETH J

STREET ADDRESS

45 WALL ST

CITY - ST - ZIP

NEW YORK, NY 00000

TITLE

VS

NAME

DECAMINADA, JOSEPH P., S

STREET ADDRESS

45 WALL ST

CITY - ST - ZIP

NEW YORK, NY 00000

TITLE

PD

NAME

DORFI, KLAUS G

STREET ADDRESS

45 WALL ST

CITY - ST - ZIP

NEW YORK, NY 00000

TITLE

DT

NAME

CHIMINEC, ROMAN

STREET ADDRESS

3 GIRALDA FARMS

CITY - ST - ZIP

MADISON, NJ 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Senior Vice-President & Comptroller

☐ Change

☒ Addition

2.2 NAME

Cornelius E. Golding

2.3 STREET ADDRESS

3 Giralda Farms

2.4 CITY - ST - ZIP

Madison, NJ 07940

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

Director

☒ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Roman Chiminec

Roman Chiminec, Director - Taxes

62012408-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Block 13)