

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 805730 (9)

1. Corporation Name

CENTENNIAL INSURANCE COMPANY



Principal Place of Business

Mailing Address

3 GIRALDA FARMS  
MADISON NJ 07940

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MADISON NJ 07940

3. Date Incorporated or Qualified  
03/17/1944

3a. Date of Last Report  
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-6104845

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32304

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 607.1506, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME HAHN, JOHN W  
STREET ADDRESS 45 WALL ST  
CITY-ST-ZIP NEW YORK, NY 00000

DELETE

TITLE SVPC  
NAME GOLDING, CORNELIUS E  
STREET ADDRESS 3 GIRALDA FARMS  
CITY-ST-ZIP MADISON NJ

DELETE

TITLE CD  
NAME GORMAN, KENNETH J  
STREET ADDRESS 45 WALL ST.  
CITY-ST-ZIP NEW YORK, NY 00000

DELETE

TITLE VS  
NAME DECAMINADA, JOSEPH P., S  
STREET ADDRESS 45 WALL ST  
CITY-ST-ZIP NEW YORK, NY 00000

DELETE

TITLE PD  
NAME DORFI, KLAUS G  
STREET ADDRESS 45 WALL ST.  
CITY-ST-ZIP NEW YORK, NY 00000

DELETE

TITLE D  
NAME CHIMINEC, ROMAN  
STREET ADDRESS 3 GIRALDA FARMS  
CITY-ST-ZIP MADISON, NJ 00000

DELETE

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 & Chief Financial Officer Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Vice-President - Treasurer & Controller 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 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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)