

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90017 046 ***150.00

DOCUMENT # 805730

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

2. Principal Place of Business

21 100 Wall Street

2a. Mailing Address

26 Suite, Apt. #, etc.

22 26th Floor

27 City & State

23 New York, NY

28 Zip

24 10005

Country

29 Zip

Country

30

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

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 reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	Hahn, John W	
STREET ADDRESS	100 WALL ST.	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	GOLDING, CORNELIUS E	
STREET ADDRESS	3 GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, KERMIT C.	
STREET ADDRESS	100 WALL ST.	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	VPTC	<input type="checkbox"/> DELETE
NAME	BANKS, MICHAEL O	
STREET ADDRESS	3 GIRALDA FARRIS	
CITY-ST-ZIP	MADISON NJ	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DORFI, KLAUS G	
STREET ADDRESS	100 WALL ST.	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	D	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roman J. Chiminee

Date

4/1/99

Daytime Phone #

(973) 408-6000

CR2E034 (1/98)