

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90021 049 ***150.00

DOCUMENT # 805730

1. Entity Name
CENTENNIAL INSURANCE COMPANY

Principal Place of Business

100 WALL ST.
26TH FL.
NEW YORK, NY 10005

Mailing Address

3 GIRALDA FARMS
MADISON NJ 07940

2. Principal Place of Business

140 Broadway
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

New York, NY

City & State

Zip

Country

10005

Country

4. FEI Number

13-6104845

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

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 FARMS	
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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 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 Chiminec

1/8/02

(973) 408-6000

Date

Daytime Phone #

CR2E034 (9/01)