

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837093

1. Entity Name

AMERICAN CENTENNIAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

1415 FOULK RD.
SUITE 200
WILMINGTON DE 19803
US

1415 FOULK RD
STE 200
WILMINGTON DE 19803-2727
US

2. Principal Place of Business

3. Mailing Address

1415 Foulk Rd, Ste. 202

1415 Foulk Rd, Ste 202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Foulkstone Plaza

Foulkstone Plaza

City & State

City & State

Wilmington, DE

Wilmington, DE

Zip

Country

Zip

Country

19803

U.S.A.

19803

U.S.A.

6. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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, 2000 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	CD	<input checked="" type="checkbox"/> Delete
NAME	ROTHMAN, ROBERT	
STREET ADDRESS	100 N. TAMPA ST #3675	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	EVPD	<input checked="" type="checkbox"/> Delete
NAME	YOUSSEF, SHAKER A.	
STREET ADDRESS	1415 FOULK RD, STE. 200	
CITY-ST-ZIP	WILMINGTON DE 19803	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	VOSS, DEANNA	
STREET ADDRESS	1415 FOULK RD., STE. 200	
CITY-ST-ZIP	WILMINGTON DE 19803	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	BEALE, CHARLES L.	
STREET ADDRESS	100 N. TAMPA ST #3675	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	SVPT	<input checked="" type="checkbox"/> Delete
NAME	GRUBB, DAVID L	
STREET ADDRESS	1415 FOULK RD., STE 200	
CITY-ST-ZIP	WILMINGTON DE 19803	
TITLE	EVPC	<input checked="" type="checkbox"/> Delete
NAME	STEIN, ANDREW R.	
STREET ADDRESS	1415 FOULK RD., STE 200	
CITY-ST-ZIP	WILMINGTON DE 19803	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morgan W. Davis	
STREET ADDRESS	1415 Foulk Rd, Ste 202, Foulkstone Plaza	
CITY-ST-ZIP	Wilmington, DE 19803	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shaker A. Youssef	
STREET ADDRESS	1415 Foulk Rd, Ste 202, Foulkstone Plaza	
CITY-ST-ZIP	Wilmington, DE 19803	
TITLE	AVP, Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Scully	
STREET ADDRESS	1415 Foulk Rd, Ste 202, Foulkstone Plaza	
CITY-ST-ZIP	Wilmington, DE 19803	
TITLE	SVP & Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luann M. Petrellis	
STREET ADDRESS	1415 Foulk Rd, Ste 202, Foulkstone Plaza	
CITY-ST-ZIP	Wilmington, DE 19803	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis P. Beaulieu	
STREET ADDRESS	1415 Foulk Rd, Ste 202, Foulkstone Plaza	
CITY-ST-ZIP	Wilmington, De 19803	
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
Shaker A. Youssef - President

01/14/00 . (302) 479-2121

Date

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90124 026 ***150.00

80008275



DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0110580

Applied For
Not

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent