

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90109 039 ***150.00

DOCUMENT # 837093

1. Entity Name
AMERICAN CENTENNIAL INSURANCE COMPANY

Principal Place of Business 1415 FOULK RD. SUITE 202 FOULKSTONE PLAZA WILMINGTON DE 19803 US	Mailing Address 1415 FOULK RD. SUITE 202 FOULKSTONE PLAZA WILMINGTON DE 19803 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3501 Silverside Road	3. Mailing Address 3501 Silverside Road
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Suite, Apt. #, etc. 203 Naamans Bldg.	Suite, Apt. #, etc. 203 Naamans Bldg.
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City & State Wilmington, Delaware	City & State Wilmington, Delaware
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4. FEI Number 51-0110580	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 19810	Country New Castle	Zip 19810	Country New Castle
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New 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 _____ (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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DAVIS, MORGAN W 1415 FOULD RD STE 202 FOULKSTONE WILMINGTON DE 19803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3501 Silverside Road, 203 Naamans Bldg. Wilmington, Delaware 19810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUSSEF, SHAKER A. 1415 FOULD RD STE 202 FOULDSTONE WILMINGTON DE 19803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3501 Silverside Road, 203 Naamans Bldg. Wilmington, Delaware 19810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SCULLY, CAROLYN 1415 FOULK RD STE 202 FOULKSTONE WILMINGTON DE 19803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3501 Silverside Road, 203 Naamans Bldg. Wilmington, Delaware 19810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PETRELLIS, LUANN M 1415 FOULK RD STE 202 FOULKSTONE WILMINGTON DE 19806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3501 Silverside Road, 203 Naamans Bldg. Wilmington, Delaware 19810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAULIEU, DENNIS P 1415 FOULK RD STE 202 FOULKSTONE WILMINGTON DE 19803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3501 Silverside Road, 203 Naamans Bldg. Wilmington, Delaware 19810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete EVP STEIN, ANDREW R. 1415 FOULK RD., STE 200 WILMINGTON DE 19803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Shaker A. Youssef 01/12/01 302/479-2100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Shaker A. Youssef - President

CR2E034 (10/00)