


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90026 032 ***150.00

DOCUMENT # 837093

1. Entity Name
AMERICAN CENTENNIAL INSURANCE COMPANY



Principal Place of Business 3501 SILVERSIDE RD 203 NAAMANS BLDG WILMINGTON, DE 19810 US	Mailing Address 3501 SILVERSIDE RD 203 NAAMANS BLDG WILMINGTON, DE 19810 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01052006 Chg-P CR2E034 (11/05)

4. FEI Number 51-0400307	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCEO	<input type="checkbox"/> Delete	TITLE DAVIS, MORGAN W	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, MORGAN W		NAME	
STREET ADDRESS 3501 SILVERSIDE RD 203 NAAMANS BLDG		STREET ADDRESS	
CITY-ST-ZIP WILMINGTON, DE 19810		CITY-ST-ZIP	
TITLE EVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YOUSSEF, SHAKER A.		NAME	
STREET ADDRESS 3510 SILVERSIDE RD, 203 NAAMANS BLVD		STREET ADDRESS	
CITY-ST-ZIP WILMINGTON, DE 19810		CITY-ST-ZIP	
TITLE AVP	<input type="checkbox"/> Delete	TITLE VP & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCULLY, CAROLYN		NAME	
STREET ADDRESS 3501 SILVERSIDE RD, 203 NAAMANS BLDG		STREET ADDRESS	
CITY-ST-ZIP WILMINGTON, DE 19810		CITY-ST-ZIP	
TITLE SVP	<input type="checkbox"/> Delete	TITLE COO & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETRELLIS, LUANN M		NAME	
STREET ADDRESS 3501 SILVERSIDE RD, 203 NAAMANS BLDG		STREET ADDRESS	
CITY-ST-ZIP WILMINGTON, DE 19810		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EMEIGH, DONALD A JR.		NAME	
STREET ADDRESS ONE LIBERTY PLAZA 19TH FLOOR		STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 10006		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Wilson, Daniel J.	
STREET ADDRESS		STREET ADDRESS One Liberty Plaza	
CITY-ST-ZIP		CITY-ST-ZIP New York, New York 10006	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn A. Scully 01/05/06 (302) 479-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Carolyn A. Scully - VP & Treasurer