

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840674

1. Entity Name

CENTURY AMERICAN CASUALTY COMPANY

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90143 003 ***150.00

Principal Place of Business

Mailing Address

2828 CROASDAILE DR
PO BOX 15879
DURHAM NC 27704
US

2828 CROASDAILE DR
PO BOX 15879
DURHAM NC 27704-0879
US

2. Principal Place of Business

3. Mailing Address

1002 Deming Way

1002 Deming Way

Suite, Apt. #, etc.
PO Box 45650

Suite, Apt. #, etc.
PO Box 45650

City & State
Madison, WI

City & State
Madison, WI

Zip
53744-5650

Country
US

Zip
53744-5650

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 75-0708507

Applied For
Not Applicable

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

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL

Name
No changes

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 Not Applicable

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | MONTEI, WILLIAM T | |
| STREET ADDRESS | 1002 DEMING WAY | |
| CITY-ST-ZIP | MADISON WI 53717-1938 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | RYON, DANIEL C | |
| STREET ADDRESS | 2828 CROASDAILE DR | |
| CITY-ST-ZIP | DURHAM NC | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | CONROY, JO L | |
| STREET ADDRESS | 2828 CROASDAILE DR | |
| CITY-ST-ZIP | DURHAM NC | |
| TITLE | VTSD | <input checked="" type="checkbox"/> Delete |
| NAME | PERRY, MITCHELL W | |
| STREET ADDRESS | 2828 CROASDAILE DR | |
| CITY-ST-ZIP | DURHAM NC | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | LONG, DAVID A | |
| STREET ADDRESS | 2828 CROASDAILE DR | |
| CITY-ST-ZIP | DURHAM NC | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | EDWARDS, RICHARD W MD | |
| STREET ADDRESS | 1002 DEMING WAY | |
| CITY-ST-ZIP | MADISON WI 53717-1938 | |

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Montei, William T. | |
| STREET ADDRESS | 1002 Deming Way | |
| CITY-ST-ZIP | Madison, WI 53717-1938 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Brady, Christopher J. | |
| STREET ADDRESS | 1002 Deming Way | |
| CITY-ST-ZIP | Madison, WI 53717-1938 | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Maurer, David L. | |
| STREET ADDRESS | 1002 Deming Way | |
| CITY-ST-ZIP | Madison, WI 53717-1938 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Flaherty, Timothy T. MD | |
| STREET ADDRESS | 1002 Deming Way | |
| CITY-ST-ZIP | Madison, WI 53717-1938 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Dix, Ronald H. | |
| STREET ADDRESS | 1002 Deming Way | |
| CITY-ST-ZIP | Madison, WI 53717-1938 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Listwan, William J. MD | |
| STREET ADDRESS | 1002 Deming Way | |
| CITY-ST-ZIP | Madison, WI 53717-1938 | |

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:

Christopher J. Brady Christopher J. Brady

4/14/2000

(608) 831-8331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)