

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 840674

1. Entity Name
CENTURY AMERICAN CASUALTY COMPANY



Principal Place of Business
**1002 DEMING WAY
MADISON, WI 53719 US**

Mailing Address
**PO BOX 45650
MADISON, WI 53744-5650 US**

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

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

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000093291
03/22/04-80012-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE **SD**
NAME **BRADY, CHRISTOPHER J**
STREET ADDRESS **1002 DEMING WAY**
CITY-ST-ZIP **MADISON, WI 537171938**

TITLE **TD**
NAME **MAURER, DAVID L**
STREET ADDRESS **1002 DEMING WAY**
CITY-ST-ZIP **MADISON, WI 537171938**

TITLE **D**
NAME **FLAHERTY, TIMOTHY T MD**
STREET ADDRESS **1002 DEMING WAY**
CITY-ST-ZIP **MADISON, WI 537171938**

TITLE **D**
NAME **DIX, RONALD H**
STREET ADDRESS **1002 DEMING WAY**
CITY-ST-ZIP **MADISON, WI 537171938**

TITLE **D**
NAME **ROBERTS, RICHARD G**
STREET ADDRESS **1002 DEMING WAY**
CITY-ST-ZIP **MADISON, WI 53717**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L Maurer

3/11/04

Date

(608) 831-8331

Daytime Phone #