

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90113 033 \*\*\*150.00

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MONTEI, WILLIAM T	1002 DEMING WAY	MADISON WI 53717-1938	<input type="checkbox"/>
SD	BRADY, CHRISTOPHER J	1002 DEMING WAY	MADISON WI 53717-1938	<input type="checkbox"/>
TD	MAURER, DAVID L	1002 DEMING WAY	MADISON WI 53717-1938	<input type="checkbox"/>
D	FLAHERTY, TIMOTHY T MD	1002 DEMING WAY	MADISON WI 53717-1938	<input type="checkbox"/>
D	DIX, RONALD H	1002 DEMING WAY	MADISON WI 53717-1938	<input type="checkbox"/>
D	ROBERTS, RICHARD G	1002 DEMING WAY	MADISON WI 53717	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	William J. Listwan	1002 Deming Way	Madison, WI 53717	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Penelope R. O'Hara	1002 Deming Way	Madison, WI 53717	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/03

(608) 831-9331

CR2E034 (10/02)