2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 857832

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FILED Mar 15, 2005 8:00 am Secretary of State

03-15-2005 90040 004 ***150.00

1800 NORTH POINT OR 1801 NORTH POINT OR 1802 NORTH POINT OR	1. Entity Name	CENTENNIAL ASSURANC	E COMPANY								
Solite	1800 NORTH	POINT DR	1800 NORTH POINT DR			~~~6847					
City & State	2. Principal Pl	ace of Business	3. Mailing Address								
Zip Country Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.,			02282005	Chg-P	CR2E0	34 (10/03)		
S. Certificate of Saturus Desired Fee Required	City & State	3	City & State		<u>.</u>					`	
Name	Zip	Country Zip Cour		Country		5. Certificate	of Status Desired				
Chief Financial Control Chief Financial		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent		
Either Doubligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am l'amiliar with, and accept the obligations of registered agent. SIGNATURE Signature September	P O BOX 6 200 E. GAI	3200 (32314-6200) INES ST									
B. 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 FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITUATION OF THE TORN ORTH POINT DR STEVENS POINT, WI 54481 TITLE VP 1800 NORTH PT DR STEVENS POINT, WI 54481 TITLE NAME SITUATION ORTH PT DR STEVENS POINT, WI 54481 TITLE VP 1800 NORTH PT DR STEVENS POINT, WI 54481 TITLE NAME SITUATION ORTH PT DR STEVENS POINT, WI 54481 TITLE OFFICERS AND DIRECTORS TITLE NAME SITUATION ORTH PT DR STEVENS POINT, WI 54481 TITLE OFFICERS AND DIRECTORS TITLE NAME SITUATION ORTH PT DR STEVENS POINT, WI 54481 TITLE OFFICERS AND DIRECTORS TITLE NAME SITUATION ORTH PT DR STEVENS POINT, WI 54481 TITLE OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS STEVENS POINT, WI 54481 TITLE OFFICERS AND DIRECTORS IN 11 TITLE NAME STEVENS POINT, WI 54481 TITLE OFFICERS AND DIRECTORS IN 11 TITLE OFFICE	TALLAHAS	SSEE, FL 32399-0000		Oit.					7:- 0-4		
SIGNATURE		·	· · · · · · · · · · · · · · · · · · ·								
### FILE NOWIII FEE IS \$150.00 ### Add to Fees 10.	the obligations of registered agent. SIGNATURE										
### Added to Fees 10.		Signature, typed or printed name or registered agent	and due ii appacable. (NOTI	C. Registared Agents	SQLISIONE (ECOLEGO	wixer remaining)		DATE			
TITLE NAME SCHUH, DALE R 1800 NORTH POINT DR STEVENS POINT, WI 54481 TITLE NAME 1800 NORTH POINT DR STEVENS POINT, WI 54481 TITLE NAME 1800 NORTH PT DR STEVENS POINT, WI 54481					□ \$5.	.00 May Be ed to Fees			·		
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NAME STREET ADDRESS CITY-ST-ZIP STEVENS POINT, WI 54481 ITILE NAME STREET ADDRESS CITY-ST-ZIP O'REILLY, WILLIAM M STREET ADDRESS CITY-ST-ZIP STEVENS POINT, WI 54481 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME LOHR, WILLIAM J STREET ADDRESS CITY-ST-ZIP STEVENS POINT, WI 54481 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D ORDINATION NAME FAGAN, JANET L STREET ADDRESS 1800 NORTH PT DR STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D STEVENS POINT, WI 54481 TITLE NAME STREET ADDRESS CITY-ST-ZIP STEVENS POINT, WI 54481 CITY-ST-ZIP	NAME STREET ADDRESS	CASTLES, KEVIN P 1800 NORTH PT DR	☐ Delete	name Street addr	l l				Change	Addition	
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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	NAME STREET ADDRESS CITY - ST- ZIP	FAGAN, JANET L 1800 NORTH PT DR STEVENS POINT, WI 54481		NAME STREET ADDR CITY-ST-ZIP	<u>'</u>	action 119 07/9	(i) Florida Statutos	I lurther cer			

Indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under our, that if an arrothcer or or 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.

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William J. Lohr, Treasurer 3/7/05

(715) 346-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #