

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # F93000002772**

1. Entity Name  
**CENTENNIAL CASUALTY COMPANY**



Principal Place of Business  
**2200 WOODCREST PLACE  
BIRMINGHAM, AL 35253**

Mailing Address  
**P.O. BOX 530250  
BIRMINGHAM, AL 35253**



05112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**63-0701609**

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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	ADAMS, THOMAS J JR
STREET ADDRESS	2431 ABERDEEN ROAD
CITY-ST-ZIP	BIRMINGHAM, AL 35223
TITLE	DV
NAME	ADAMS, RICHARD M
STREET ADDRESS	9 MONTCREST DRIVE
CITY-ST-ZIP	BIRMINGHAM, AL 35213
TITLE	DST
NAME	PRICE, ROBIN M
STREET ADDRESS	2121 BAILEY BROOK CT
CITY-ST-ZIP	BIRMINGHAM, AL 35244
TITLE	DV
NAME	DEMEDICIS, STEVE
STREET ADDRESS	2764 HANOVER CIRCLE
CITY-ST-ZIP	BIRMINGHAM, AL 35205
TITLE	DV
NAME	DODSON, WILLIAM S
STREET ADDRESS	10 WINTHROP AVENUE
CITY-ST-ZIP	BIRMINGHAM, AL 35213
TITLE	V
NAME	WALTON, BRANDON M
STREET ADDRESS	136 DIXON AVENUE
CITY-ST-ZIP	BIRMINGHAM, AL 35209

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05/20/06-80040-010 558.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Robin M Price*

*Robin M Price*

*5-11-06*

*(205)877-4500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #