

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
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**



04042008 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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, THOMAS J JR 2431 ABERDEEN ROAD BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ADAMS, RICHARD M 490 BOTANICAL PLACE BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PRICE, ROBIN M 2121 BAILEY BROOK CT BIRMINGHAM, AL 35244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMEDICIS, STEVE 2304 ENGLISH VILLAGE LANE BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DODSON, WILLIAM S 3210 SALISBURY ROAD BIRMINGHAM, AL 35213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTON, BRANDON M 11 MONTERALLO TERRACE BIRMINGHAM, AL 35213

**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

4-4-08

205 877-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #