

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 24 1998 8:00am  
Secretary of State

|                                             |                                                                                   |                                                                                                    |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P16639 (7)  
1. Corporation Name  
CENTURY REINSURANCE COMPANY

|                                                                                                        |                                                                                            |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Principal Place of Business<br>TWO LIBERTY PLACE - TL210<br>1601 CHESTNUT ST.<br>PHILADELPHIA PA 19192 | Mailing Address<br>TWO LIBERTY PLACE - TL210<br>1601 CHESTNUT ST.<br>PHILADELPHIA PA 19192 |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

|                                                                                                                  |  |                                                                                          |  |                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc. /<br>22 City & State<br>23 Zip Country<br>24            |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br>11/02/1987                                                                                                              |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc. /<br>22 City & State<br>23 Zip Country<br>24            |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 4. FEI Number<br>06-0988117<br>Applied For<br>Not Applicable                                                                                                 |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc. /<br>22 City & State<br>23 Zip Country<br>24            |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                     |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc. /<br>22 City & State<br>23 Zip Country<br>24            |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                               |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc. /<br>22 City & State<br>23 Zip Country<br>24            |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>INSURANCE COMMISSIONER<br>THE CAPITOL<br>TALLAHASSEE FL 32301 |  |                                                                                          |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code             |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

|                                                |                                                                                                         |                                                            |                                                                                |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                     |                                                                                                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12      |                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MULLIGAN, GEORGE D<br>1601 CHESTNUT ST.<br>PHILADELPHIA PA 19192 <input type="checkbox"/> DELETE   | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP | See Attached <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ENGEL, JAMES D<br>1601 CHESTNUT ST.<br>PHILADELPHIA PA 19192 <input type="checkbox"/> DELETE      | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAT<br>BERGSTENSSON, PAUL<br>1601 CHESTNUT ST.<br>PHILADELPHIA PA <input type="checkbox"/> DELETE       | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DALY, MICHAEL J<br>1601 CHESTNUT STREET<br>PHILADELPHIA PA 19192 <input type="checkbox"/> DELETE   | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LIUZZI, JOSEPH R<br>1601 CHESTNUT STREET<br>PHILADELPHIA PA 19192 <input type="checkbox"/> DELETE | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>GARRETT, KENNETH R<br>1601 CHESTNUT ST.<br>PHILADELPHIA PA <input type="checkbox"/> DELETE        | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *L. B. Mortham* *4/24/98 2:00 PM*

CR2E034 (10/97)

**Corporate Profile System  
Officer Business Address List  
As of - 4/8/98**

**CENTURY REINSURANCE COMPANY**

| <b>Name, SSN, &amp; Title</b>                                                | <b>Business Address</b>                                   |          |
|------------------------------------------------------------------------------|-----------------------------------------------------------|----------|
| JAMES DAVID ENGEL<br>151-40-6880<br>PRESIDENT                                | TWO LIBERTY PLACE<br>1601 CHESTNUT ST.<br>PHILADELPHIA    | PA 19192 |
| PAUL BERGSTENSON<br>564-58-5082<br>VICE PRESIDENT<br>ASSISTANT TREASURER     | TWO LIBERTY PLACE<br>1601 CHESTNUT ST.<br>PHILADELPHIA    | PA 19192 |
| MICHAEL J DALY<br>141-46-8098<br>VICE PRESIDENT                              | TWO LIBERTY PLACE<br>1601 CHESTNUT ST.<br>PHILADELPHIA    | PA 19192 |
| KENNETH RAY GARRETT<br>181-44-2837<br>VICE PRESIDENT<br>TREASURER            | TWO LIBERTY PLACE<br>1601 CHESTNUT STREET<br>PHILADELPHIA | PA 19192 |
| JOSEPH R LIUZZI<br>168-44-3345<br>VICE PRESIDENT<br>CHIEF FINANCIAL OFFICER  | TWO LIBERTY PLACE<br>1601 CHESTNUT STREET<br>PHILADELPHIA | PA 19192 |
| BARRY RICHARD MCHALE<br>340-46-9821<br>VICE PRESIDENT<br>ASSISTANT TREASURER | TWO LIBERTY PLACE<br>1601 CHESTNUT STREET<br>PHILADELPHIA | PA 19192 |

Corporate Profile System  
Officer Business Address List  
As of - 4/9/98

CENTURY REINSURANCE COMPANY

| Name, SSN, & Title                                                                | Business Address                                               |    |        |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------|----|--------|
| JOSEPH STAGLIANO<br>203-32-4665<br>VICE PRESIDENT<br>CONTROLLER                   | TWO LIBERTY PLACE<br>1601 CHESTNUT ST.<br>PHILADELPHIA         | PA | 19192  |
| JOSEPH A ROSSI<br>183-36-8360<br>ASSISTANT VICE PRESIDENT<br>ASSISTANT CONTROLLER | TWO LIBERTY PLACE<br>1601 CHESTNUT ST.<br>PHILADELPHIA         | PA | 19192  |
| GEORGE DENNIS MULLIGAN<br>181-42-1088<br>CORPORATE SECRETARY                      | TWO LIBERTY PLACE<br>1601 CHESTNUT STREET<br>PHILADELPHIA      | PA | 19192  |
| LINDA DUGAN<br>189-60-5238<br>ASSISTANT CORPORATE SECRETARY                       | TWO LIBERTY PLACE<br>1601 CHESTNUT STREET<br>PHILADELPHIA      | PA | 19192- |
| NANCY CAREY ATHERTON<br>048-40-0058<br>ASSISTANT SECRETARY                        | TWO LIBERTY PLACE<br>1601 CHESTNUT STREET<br>PHILADELPHIA      | PA | 19192- |
| MARK EDWARD SCHULTZE<br>196-50-3422<br>ASSISTANT SECRETARY                        | TWO LIBERTY PLACE, 30TH FLR.<br>1601 CHESTNUT STREET<br>PHILA. | PA | 19192  |

Corporate Profile System  
Officer Business Address List  
As of - 4/9/86

CENTURY REINSURANCE COMPANY

Name, SSN, & Title

KIM MICHELLE SMITH  
174-54-3024  
ASSISTANT SECRETARY

Business Address

TWO LIBERTY PLACE  
1601 CHESTNUT ST.  
PHILADELPHIA PA 19192

JOHN MICHAEL DIORIO  
198-46-6216  
ASSISTANT TREASURER

TL46H  
1601 CHESTNUT STREET  
PHILADELPHIA PA 19192

**Corporate Profile System  
Director Business Address List  
As of -4/9/98**

**CENTURY REINSURANCE COMPANY**

| <b>Name, SSN, &amp; Title</b>                                                                                                           | <b>Business Address</b>                                        |           |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------|
| MICHAEL J DALY<br>141-46-8038<br>MEMBER OF BOARD OF DIRECTORS<br>MEMBER OF EXECUTIVE COMMITTEE<br>MEMBER OF INVESTMENT COMMITTEE        | TWO LIBERTY PLACE<br>1601 CHESTNUT ST.<br>PHILADELPHIA         | PA 19192  |
| JAMES DAVID ENGEL<br>151-40-6880<br>CHAIRMAN OF EXECUTIVE COMMITTEE<br>CHAIRMAN OF INVESTMENT COMMITTEE<br>MEMBER OF BOARD OF DIRECTORS | TWO LIBERTY PLACE<br>1601 CHESTNUT ST.<br>PHILADELPHIA         | PA 19192  |
| EDWARD JOSEPH GIBNEY<br>144-46-5390<br>MEMBER OF BOARD OF DIRECTORS                                                                     | TWO LIBERTY PLACE<br>1601 CHESTNUT STREET<br>PHILADELPHIA      | PA 19192  |
| JOSEPH R LIUZZI<br>168-44-3345<br>MEMBER OF BOARD OF DIRECTORS<br>MEMBER OF EXECUTIVE COMMITTEE<br>MEMBER OF INVESTMENT COMMITTEE       | TWO LIBERTY PLACE<br>1601 CHESTNUT STREET<br>PHILADELPHIA      | PA 19192  |
| MARK HENDERSON MACQUEEN<br>164-44-7920<br>MEMBER OF BOARD OF DIRECTORS                                                                  | TWO LIBERTY PLACE<br>1601 CHESTNUT STREET<br>PHILADELPHIA      | PA 19192- |
| MARK EDWARD SCHULTZE<br>196-50-3422<br>MEMBER OF BOARD OF DIRECTORS                                                                     | TWO LIBERTY PLACE, 30TH FLR.<br>1601 CHESTNUT STREET<br>PHILA. | PA 19192  |

Corporate Profile System  
Director Business Address List  
As of -4/9/96

CENTURY REINSURANCE COMPANY

| Name, SSN, & Title                                               | Business Address                                          |    |       |
|------------------------------------------------------------------|-----------------------------------------------------------|----|-------|
| JAMES R. STALLARD<br>526-86-4811<br>MEMBER OF BOARD OF DIRECTORS | TWO LIBERTY PLACE<br>1801 CHESTNUT STREET<br>PHILADELPHIA | PA | 19192 |