

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90025 002 \*\*\*150.00

**DOCUMENT # P16639**

1. Entity Name

**CENTURY REINSURANCE COMPANY**

Principal Place of Business

TWO LIBERTY PLACE - TL21G  
 1601 CHESTNUT ST.  
 PHILADELPHIA PA 19192

Mailing Address

TWO LIBERTY PLACE - TL21G  
 1601 CHESTNUT ST.  
 PHILADELPHIA PA 19192-0003

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **06-0988117**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	BOWDEN, CHERYL A	1601 CHESTNUT ST.	PHILADELPHIA PA 19192	<input type="checkbox"/>
PD	ENGEL, JAMES D	1601 CHESTNUT ST.	PHILADELPHIA PA 19192	<input type="checkbox"/>
VAT	BERGSTEINSSON, PAUL	1601 CHESTNUT ST.	PHILADELPHIA PA	<input checked="" type="checkbox"/>
DV	DALY, MICHAEL J	1601 CHESTNUT STREET	PHILADELPHIA PA 19192	<input type="checkbox"/>
VD	LIUZZI, JOSEPH R	1601 CHESTNUT STREET	PHILADELPHIA PA 19192	<input type="checkbox"/>
VT	GARRETT, KENNETH R	1601 CHESTNUT ST.	PHILADELPHIA PA	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
			19103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			19103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	Stallard, James R.	1601 Chestnut Street	Philadelphia, PA 19103	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			19103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			19103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			19103	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl A. Bowden Cheryl A. Bowden 4/18/2000 (215) 640-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25024 10/00