

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16639

1. Entity Name

CENTURY REINSURANCE COMPANY

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90023 035 ***150.00

Principal Place of Business Mailing Address
1601 Chestnut Street 1601 Chestnut street
Philadelphia, PA 19103 Philadelphia, PA 19103

2. Principal Place of Business 3. Mailing Address
1601 Chestnut Street 1601 Chestnut Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Philadelphia, PA Philadelphia, PA
Zip 19103 Country Zip 19103 Country

4. FEI Number 060988117 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

C0058893

DO NOT WRITE IN THIS SPACE

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!!! FEES \$150.00
Also MAY 11 2001 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 | S Bowden, Cheryl A. 1601 Chestnut Street Philadelphia, PA 19103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Engel, James D. 1601 Chestnut Street Philadelphia, PA 19103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP Stallard, James R. 1601 Chestnut Street Philadelphia, PA 19103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP Daly, Michael J. 1601 Chestnut Street Philadelphia, PA 19103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT Liuzzi, Joseph R. 1601 Chestnut Street Philadelphia, PA 19103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT Garrett, Kenneth R. 1601 Chestnut Street Philadelphia, PA 19103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl A. Bowden

4/5/01 215 640 2004

Date

Daytime Phone #