

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

FILED

99 APR 28 PM 1:56

DEPT. OF STATE
TALLAHASSEE, FLORIDA

FD0002855857-9
-04/28/99-01093-001
****150.00 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26492

1. Corporation Name
Centris Insurance Company

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address
21. 111 Monument Circle Suite Apt. # etc	26. 111 Monument Circle Suite, Apt. #, etc
22. Suite 4540 City & State:	27. Suite 4540 City & State
23. Indianapolis, IN Zip Country	28. Indianapolis, IN Zip Country
24. 46204 25. USA	29. 46204 30. USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
October 13, 1989

4. FEI Number
35-1536282

5. Certificate of Status Desired Applied For Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

Florida Insurance Commissioner

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. 200 East Gaines Street
84. City
Tallahassee FL 85. Zip Code
32399-0327

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 N/A

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		12. NAME	
3. STREET ADDRESS		13. STREET ADDRESS	[See Attachment #1]
4. CITY-ST-ZIP		14. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		22. NAME	
7. STREET ADDRESS		23. STREET ADDRESS	[See Attachment #1]
8. CITY-ST-ZIP		24. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		32. NAME	
11. STREET ADDRESS		33. STREET ADDRESS	[See Attachment #1]
12. CITY-ST-ZIP		34. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		42. NAME	
15. STREET ADDRESS		43. STREET ADDRESS	[See Attachment #1]
16. CITY-ST-ZIP		44. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		52. NAME	
19. STREET ADDRESS		53. STREET ADDRESS	[See Attachment #1]
20. CITY-ST-ZIP		54. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	[See Attachment #1]
24. CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) Florida Statutes. I further certify that the information included 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, with all other like empowered.

SIGNATURE: Andrew M. Weissert, Vice President

4/28/99 (317) 238-5839