

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90141 001 ***150.00
 04-29-2000 90141 002 *****8.75

DOCUMENT # P26492

1. Entity Name
CENTRIS INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 111 MONUMENT CIRCLE SUITE 4540 INDIANAPOLIS IN 46204	Mailing Address 111 MONUMENT CIRCLE SUITE 4540 INDIANAPOLIS IN 46204-5180
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 13403 Northwest Freeway Suite, Apt. #, etc. Attn: Compliance Dept. City & State Houston, Texas Zip 77040 Country U.S.A.
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4. FEI Number 35-1452868	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CAPORALE, CHARLES M 650 TOWN CENTER DRIVE, SUITE 1600 COSTA MESA CA 92626 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P/CEO WILCOX, BENJAMIN D. 13403 Northwest Freeway Houston, Texas 77040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS VELASCO, JOSE A 650 TOWN CENTER DRIVE, SUITE 1600 COSTA MESA CA 92626 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SVP/CFO/T ELLIS, JR., ELLIS H. 13403 Northwest Freeway Houston, Texas 77040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, HOWARD S 650 TOWN CENTER DRIVE, SUITE 1600 COSTA MESA CA 92626 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/CS MARTIN, CHRISTOPHER L. 13403 Northwest Freeway Houston, Texas 77040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCOTT, AMY M 111 MONUMENT CIRCLE, SUITE 4540 INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAMANTI, FRANK J. 13403 Northwest Freeway Houston, Texas 77040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEISSERT, ANDREW M 111 MONUMENT CIRCLE, SUITE 4540 INDIANAPOLIS IN 46204 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS LUND, TAMMY H. 650 Town Center Drive, Suite 1500 Costa Mesa, CA 92626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CARGILE, DAVID L 650 TOWN CENTER DRIVE, SUITE 1600 COSTA MESA CA 92626 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLBECK, JR., JOHN N. 13403 Northwest Freeway Houston, Texas 77040 <input type="checkbox"/> Change <input checked="" 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: X *Tammy H. Lund* **Tammy H. Lund, Assistant Corporate Secretary**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 04/ /00 Daytime Phone #: (714) 549-1600

CR2E034 (9/99)