

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90081 019 ***150.00

DOCUMENT # P26492

1. Entity Name
CENTRIS INSURANCE COMPANY

Principal Place of Business

111 MONUMENT CIRCLE
 SUITE 4540
 INDIANAPOLIS IN 46204

Mailing Address

13403 NW FREEWAY
 ATTN COMPLIANCE DEPT *Legal Dept.*
 HOUSTON TX 77040
 US

C0010283



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1452868**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32399**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCPC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, BENJAMIN D	NAME	
STREET ADDRESS	13403 NW FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77040	CITY-ST-ZIP	
TITLE	DSVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, ELLIS H J	NAME	
STREET ADDRESS	13403 NW FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77040	CITY-ST-ZIP	
TITLE	DVCS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CHRISOTPHER L	NAME	
STREET ADDRESS	13403 NW FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77040	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMANTI, FRANK J	NAME	
STREET ADDRESS	13403 NW FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77040	CITY-ST-ZIP	
TITLE	ACS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUND, TAMMY H	NAME	
STREET ADDRESS	650 TOWN CENTER DR SUTIE 1500	STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA 92626	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLBECK, JOHN N J	NAME	
STREET ADDRESS	13403 NORTHWEST FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77040	CITY-ST-ZIP	

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 registered 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/01

Date

713-690-7300

Daytime Phone #

CR2E034 (10/00)