

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90203 047 ***550.00

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
 HOUSTON TX 77040
 US



2. Principal Place of Business
 13403 Northwest Fwy.

3. Mailing Address
 13403 Northwest Fwy.

City & State
 Houston, TX

City & State
 Houston, TX

Zip 77040 **Country** US

Zip 77040 **Country** US

4. FEI Number 35-1452868

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

| | | |
|-----------------------|-------------------------------|--|
| TITLE | DCPC | <input checked="" type="checkbox"/> Delete |
| NAME | WILCOX, BENJAMIN D | |
| STREET ADDRESS | 13403 NW FREEWAY | |
| CITY-ST-ZIP | HOUSTON TX 77040 | |
| TITLE | DSVP | <input type="checkbox"/> Delete |
| NAME | ELLIS, ELLIS H J | |
| STREET ADDRESS | 13403 NW FREEWAY | |
| CITY-ST-ZIP | HOUSTON TX 77040 | |
| TITLE | DVCS | <input type="checkbox"/> Delete |
| NAME | MARTIN, CHRISOTPHER L | |
| STREET ADDRESS | 13403 NW FREEWAY | |
| CITY-ST-ZIP | HOUSTON TX 77040 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BRAMANTI, FRANK J | |
| STREET ADDRESS | 13403 NW FREEWAY | |
| CITY-ST-ZIP | HOUSTON TX 77040 | |
| TITLE | ACS | <input checked="" type="checkbox"/> Delete |
| NAME | LUND, TAMMY H | |
| STREET ADDRESS | 650 TOWN CENTER DR SUTIE 1500 | |
| CITY-ST-ZIP | COSTA MESA CA 92626 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MOLBECK, JOHN N J | |
| STREET ADDRESS | 13403 NORTHWEST FREEWAY | |
| CITY-ST-ZIP | HOUSTON TX 77040 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|----------------------|--|
| TITLE | D/P/CEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michael J. Schell | |
| STREET ADDRESS | 13403 Northwest Fwy. | |
| CITY-ST-ZIP | Houston, TX 77040 | |
| TITLE | D/EVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D/EVP/IS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V/PIC/F/O/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Renel J. Montgomery | |
| STREET ADDRESS | 13403 Northwest Fwy. | |
| CITY-ST-ZIP | Houston, TX 77040 | |
| TITLE | V/P/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Hemendra P. Dija | |
| STREET ADDRESS | 13403 Northwest Fwy. | |
| CITY-ST-ZIP | Houston, TX 77040 | |
| TITLE | D/Chairman | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Stephen L. Way | |
| STREET ADDRESS | 13403 Northwest Fwy. | |
| CITY-ST-ZIP | Houston, TX 77040 | |

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: _____ **SIGNATURE REQUIRED**

 Signature and typed or printed name of signing officer or director

Date: 7-17-02 Daytime Phone #: 713-690-7300

CR2E034 (4/02)