

# 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**

Principal Place of Business <b>111 MONUMENT CIRCLE                  SUITE 4540                  INDIANAPOLIS IN 46204</b>	Mailing Address <b>111 MONUMENT CIRCLE                  SUITE 4540                  INDIANAPOLIS IN 46204-5180</b>
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DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER                  THE CAPITOL BUILDING                  TALLAHASSEE FL 32399</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>DVPT</b> <b>CAPOREALE, CHARLES M</b> <b>650 TOWN CENTER DRIVE, SUITE 1600</b> <b>COSTA MESA CA 92626</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/C/P/CEO</b> <b>WILCOX, BENJAMIN D.</b> <b>13403 Northwest Freeway</b> <b>Houston, Texas 77040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS</b> <b>VELASCO, JOSE A</b> <b>650 TOWN CENTER DRIVE, SUITE 1600</b> <b>COSTA MESA CA 92626</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/SVP/CFO/T</b> <b>ELLIS, JR., ELLIS H.</b> <b>13403 Northwest Freeway</b> <b>Houston, Texas 77040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SINGER, HOWARD S</b> <b>650 TOWN CENTER DRIVE, SUITE 1600</b> <b>COSTA MESA CA 92626</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V/CS</b> <b>MARTIN, CHRISTOPHER L.</b> <b>13403 Northwest Freeway</b> <b>Houston, Texas 77040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>SCOTT, AMY M</b> <b>111 MONUMENT CIRCLE, SUITE 4540</b> <b>INDIANAPOLIS IN 46204</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRAMANTI, FRANK J.</b> <b>13403 Northwest Freeway</b> <b>Houston, Texas 77040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WEISSERT, ANDREW M</b> <b>111 MONUMENT CIRCLE, SUITE 4540</b> <b>INDIANAPOLIS IN 46204</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACS</b> <b>LUND, TAMMY H.</b> <b>650 Town Center Drive, Suite 1500</b> <b>Costa Mesa, CA 92626</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>CARGILE, DAVID L</b> <b>650 TOWN CENTER DRIVE, SUITE 1600</b> <b>COSTA MESA CA 92626</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOLBECK, JR., JOHN N.</b> <b>13403 Northwest Freeway</b> <b>Houston, Texas 77040</b> <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: *Tammy H. Lund* **Tammy H. Lund, Assistant Corporate Secretary**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **04/ 1/00** Daytime Phone #: **(714) 549-1600**

CR2E034 (9/99)