

**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 Frewy.

**3. Mailing Address**  
 13403 Northwest Frewy.

**City & State**  
 Houston, TX

**City & State**  
 Houston, TX

**Zip** 77040 **Country** US

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**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**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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