

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 840137

**Entity Name:** 21ST CENTURY SECURITY INSURANCE COMPANY

**Current Principal Place of Business:**

3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803

**FILED**  
**Jan 15, 2016**  
**Secretary of State**  
**CC2801487111**

**Current Mailing Address:**

PO BOX 2450  
GRAND RAPIDS, MI 49501-2450 US

**FEI Number:** 02-0227294

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CFO, TREASURER, VP  
Name PFEIL, GLENN A  
Address 3 BEAVER VALLEY ROAD  
City-State-Zip: WILMINGTON DE 19803

Title S  
Name HOHL, DOREN E  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title VP, AT  
Name MYHAN, RONALD G  
Address 4750 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

Title AT  
Name PEPPER, JEFFREY L  
Address 5600 BEECH TREE LANE  
City-State-Zip: CALEDONIA MI 49316

Title DIRECTOR  
Name RODRIGUEZ, DONALD E  
Address 3635 LONG BEACH BLVD  
City-State-Zip: LONG BEACH CA 90807

Title DIRECTOR  
Name WUO, JOHN T  
Address 75 N SANTA ANITA SUITE 106  
City-State-Zip: ARCADIA CA 91006

Title DIRECTOR  
Name BENTLEY, KENNETH W  
Address 6642 SHENANDOAH AVE  
City-State-Zip: LOS ANGELES CA 90056

Title P  
Name LOUCKS, WILLIAM D JR.  
Address 3 BEAVER VALLEY RD  
City-State-Zip: WILMINGTON DE 19803

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY L PEPPER

**ASST TREASURER**

**01/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MARRONE, RONALD L  
Address 800 E 14TH ST  
City-State-Zip: PITTSBURG KS 66762

Title VP  
Name DALY, KEITH G  
Address 31051 AGOURA RD  
City-State-Zip: WESTLAKE VILLAGE CA 91361

Title VP  
Name WILLIAMS, KARYN L  
Address 4680 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

Title DIRECTOR  
Name JACKSON, GAIL N  
Address 7763 VERAGUS DR  
City-State-Zip: PLAYA DEL REY CA 90293

Title VP  
Name BOYD, MICHAEL A  
Address 5600 BEECH TREE LANE  
City-State-Zip: CALEDONIA CA 90010

Title VP  
Name MCCARTHY, VICTORIA L  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR  
Name BROWN, THOMAS D  
Address 2525 E EUCLID  
#214  
City-State-Zip: DES MOINES IA 50317

Title DIRECTOR  
Name SCOTT, JANICE G  
Address 3427 DEER PARK DR  
STE #C  
City-State-Zip: STOCKTON CA 95219