

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850737

**Entity Name:** 21ST CENTURY CENTENNIAL INSURANCE COMPANY**Current Principal Place of Business:**3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803**Current Mailing Address:**PO BOX 2450  
GRAND RAPIDS, MI 49501-2450 US**FEI Number:** 23-2044095**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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 D  
Name DESANTIS, ANTHONY J  
Address 3 BEAVER VALLEY ROAD  
City-State-Zip: WILMINGTON DE 19803

Title S  
Name HOHL, DOREN E  
Address 4680 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

Title D, VP  
Name MYHAN, RONALD G  
Address 4680 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

Title DIRECTOR  
Name MARLIN, DALE A  
Address 1575 CAPADARO CT  
City-State-Zip: MONUMENT CO 80132

Title VP  
Name PROCOPIO, DONALD W  
Address 3 BEAVER VALLEY ROAD  
City-State-Zip: WILMINGTON DE 19803

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

Title ASST. TREASURER  
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

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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

01/06/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name KAPLAN, PETER D  
Address 8711 ST IVES DRIVE  
City-State-Zip: LOS ANGELES CA 90069

Title DIRECTOR  
Name BENTLEY, KENNETH W  
Address 800 N BRAND BLVD  
City-State-Zip: GLENDALE CA 91203

Title DIRECTOR  
Name LOUIE, DAVID W  
Address 1741 W BENTON WAY  
City-State-Zip: LOS ANGELES CA 90026