

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000005070

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

**Current Principal Place of Business:**

3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803

**FILED**  
**Jan 11, 2017**  
**Secretary of State**  
**CC7375629986**

**Current Mailing Address:**

TAX DEPT  
PO BOX 2450  
GRAND RAPIDS, MI 49501-2450 US

**FEI Number:** 13-1967524

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

Title PRESIDENT, DIRECTOR  
Name PFEIL, GLENN A  
Address 3 BEAVER VALLEY ROAD  
City-State-Zip: WILMINGTON DE 19803

Title VP, ASST. TREASURER  
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 BENTLEY, KENNETH W  
Address 6642 SHENANDOAH AVE  
City-State-Zip: LOS ANGELES CA 90056

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

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

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

**Continues on page 2**

*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**

**01/11/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BAUR, MAITE I  
Address 4750 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

Title DIRECTOR  
Name CARNI, FRANK A  
Address 31051 AGOURA RD  
City-State-Zip: WESTLAKE VILLAGE CA 91361

Title DIRECTOR  
Name FERRARO, RICHARD M  
Address 2803 SANDHURST AVE  
City-State-Zip: THOUSAND OAKS CA 91362

Title TREASURER  
Name HARM, THERESA L  
Address 3 BEAVER VALLEY RD  
City-State-Zip: WILMINGTON DE 19803

Title DIRECTOR  
Name COURTWRIGHT, GREGORY S  
Address 2000 MCKINNEY AVE STE 1000  
City-State-Zip: DALLAS TX 75201

Title DIRECTOR  
Name HOOD, SCOTT W  
Address 13148 EL MONTE DRIVE  
City-State-Zip: LEAWOOD KS 66209