

**2021 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F93000005070

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

**Current Principal Place of Business:**

3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803

**FILED**  
**Feb 16, 2021**  
**Secretary of State**  
**3504749411CR**

**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 OFFICE  
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:** CHIEF FINANCIAL OFFICER

02/16/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name HOHL, DOREN E  
Address 3 BEAVER VALLEY RD  
City-State-Zip: WILMINGTON DE 19803

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

Title VP, ASST. TREASURER  
Name NOH, THOMAS S  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

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

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

Title VP  
Name BAUR, MAITE I  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title TREASURER, DIRECTOR  
Name HARM, THERESA L  
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

ASSISTANT TREASURER 02/16/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HANSON, GUY M  
Address 7655 HIGHWAY 10  
City-State-Zip: MISSOULA MT 59808

Title DIRECTOR  
Name MURRAY, TIMOTHY J  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 66061

Title VP  
Name HOWARD, ROBERT P  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR  
Name LEWIS, SHERMAN L  
Address 2404 GALLEON POINT CT  
City-State-Zip: PEARLAND TX 77584

Title DIRECTOR  
Name BRYANT, JOE D  
Address ULTRA THIN INC  
1720 S BROADWAY  
City-State-Zip: MOORE OK 73160