

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05604

Entity Name: 21ST CENTURY INSURANCE AND FINANCIAL SERVICES, INC.**Current Principal Place of Business:**3 BEAVER VALLEY RD
WILMINGTON, DE 19803**Current Mailing Address:**PO BOX 2450
TAX DEPT
GRAND RAPIDS, MI 49501-2450 US**FEI Number:** 51-0283170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT, DIRECTOR
Name PFEIL, GLENN A
Address 3 BEAVER VALLEY RD
City-State-Zip: WILMINGTON DE 19803

Title S
Name POPP, MAURA C
Address 3 BEAVER VALLEY RD
City-State-Zip: WILMINGTON DE 19803

Title VP
Name BOYD, MICHAEL A
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title VP
Name MCLARNON, REGINA M
Address 3 BEAVER VALLEY RD
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 VP, DIRECTOR
Name KELLY, SHANNON L
Address 3 BEAVER VALLEY RD
City-State-Zip: WILMINGTON DE 19803

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

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****01/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title TREASURER
Name SATO, KIM M
Address SIX WATERFRONT PLAZA
 500 ALA MOANA BLVD
City-State-Zip: HONOLULU HI 96813

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

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

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