

2019 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:**TAX DEPARTMENT
PO BOX 2450
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
Name	LOUCKS, WILLIAM D JR.
Address	3 BEAVER VALLEY RD
City-State-Zip:	WILMINGTON DE 19803

Title	VP, ASST. TREASURER
Name	MYHAN, RONALD G
Address	6301 OWENSMOUTH AVE
City-State-Zip:	WOODLAND HILLS CA 91367

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

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

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

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****04/18/2019**_____
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 LEWIS, SHERMAN L III
Address 2404 GALLEION POINT CT
City-State-Zip: PEARLAND TX 77584