

**2022 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:**3 BEAVER VALLEY RD  
WILMINGTON, DE 19803 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 32301-2525 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            BIDLINGMAIER, KRIS M  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            VP, ASST. TREASURER  
Name            NOH, THOMAS S  
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            GRETCHEN, BARNES L  
Address        5600 BEECH TREE LANE  
City-State-Zip: CALEDONIA MI 49316

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

Title            DIRECTOR  
Name            JACKSON, GAIL N  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

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

Title            DIRECTOR  
Name            HANSON, GUY M  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

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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:** GRETCHEN L. BARNES

ASSIST TREASURER

03/23/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                LEWIS, SHERMAN L III  
Address             6301 OWENSMOUTH AVE  
City-State-Zip:   WOODLAND HILLS CA 91367

Title                 SECRETARY  
Name                SEHGAL, PARUL  
Address             6301 OWENSMOUTH AVE  
City-State-Zip:   WOODLAND HILLS CA 91367

Title                 ASST. TREASURER  
Name                TOMICH, ANTHONY W  
Address             6301 OWENSMOUTH AVE  
City-State-Zip:   WOODLAND HILLS CA 91367