

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06852

Entity Name: 21ST CENTURY NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**695 ATLANTIC AVENUE
BOSTON, MA 02111**Current Mailing Address:**695 ATLANTIC AVENUE
BOSTON, MA 02111 US**FEI Number:** 13-3801089**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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, CHAIRMAN
Name BELODOFF, HAL R.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title CEO
Name OLLIE, CHRISTOPHER B,
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title VP, CFO, TREASURER
Name HARTRANFT, WILLIAM D.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title SECRETARY
Name COLLINS, KRISTIN V.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name BAILEY, JAMES NATHAN
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name GRANAHAHAN, COLLEEN M.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name JOHNSTON, MICHAEL JOSEPH
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name KIDD, WILMOT HIGGINS III
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

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: KRISTIN V. COLLINS**SECRETARY****04/30/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROSENTHAL, NORMAN LEE
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name URIE, SANDRA A.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111