

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850737

FILED
Jan 14, 2011
Secretary of State

Entity Name: 21ST CENTURY CENTENNIAL INSURANCE COMPANY

Current Principal Place of Business:

3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803 US

New Principal Place of Business:

Current Mailing Address:

3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803 US

New Mailing Address:

FEI Number: 23-2044095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: DESANTIS, ANTHONY J
Address: 3 BEAVER VALLEY ROAD
City-St-Zip: WILMINGTON, DE 19803

Title: SVPD
Name: PROCOPIO, DONALD W
Address: 3 BEAVER VALLEY ROAD
City-St-Zip: WILMINGTON, DE 19803 US

Title: S
Name: CAIN, ESTA L
Address: 3 BEAVER VALLEY ROAD
City-St-Zip: WILMINGTON, DE 19803 US

Title: CFOD
Name: PFEIL, GLENN A
Address: 3 BEAVER VALLEY ROAD
City-St-Zip: WILMINGTON, DE 19803 US

Title: SVPD
Name: LOUCKS, WILLIAM D JR.
Address: 3 BEAVER VALLEY ROAD
City-St-Zip: WILMINGTON, DE 19803 US

Title: VP
Name: MANZANO, NANCY L
Address: 3 BEAVER VALLEY ROAD
City-St-Zip: WILMINGTON, DE 19803

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: NANCY L. MANZANO

VP

01/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date