## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005223

Entity Name: 21ST CENTURY INSURANCE COMPANY OF THE SOUTHWEST

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1945 LAKEPOINTE DRIVE LEWISVILLE, TX 75057						
Current Mailing Address:			New Mailir	New Mailing Address:		
C/O 21ST CENTURY INSURANCE GROUP 6301 OWENSMOUTH AVENUE WOODLAND HILLS, CA 91367				3 BEAVER VALLEY ROAD WILMINGTON, DE 19803		
FEI Number:	86-0812982	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Cer	tificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New 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	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DESANTIS, ANTH	R, 3 BEAVER VALLEY ROAD	Title: Name: Address: City-St-Zip:	()Char	nge ( ) Addition	
Title: Name: Address: City-St-Zip:	CAIN, ESTA L	elete R, 3 BEAVER VALLEY ROAD E 19803	Title: Name: Address: City-St-Zip:	()Char	nge ( ) Addition	
Title: Name: Address: City-St-Zip:	LONG, MICHÀÉL	R, 3 BEAVER VALLEY ROAD	Title: Name: Address: City-St-Zip:	PORCARI, JAMES A	BEAVER VALLEY ROAD	
Title: Name: Address: City-St-Zip:	PFEIL, GLENN A	relete R, 3 BEAVER VALLEY ROAD E 19803	Title: Name: Address: City-St-Zip:	()Char	nge ( ) Addition	
Title: Name: Address: City-St-Zip:	O () C CASSANEGO, MI 6301 OWENSMO WOODLAND HILI	UTH AVE.	Title: Name: Address: City-St-Zip:	O (X) Chai PROCOPIO, DONAL 6301 OWENSMOUTH WOODLAND HILLS,	H AVE.	
Title: Name: Address: City-St-Zip:	S () C TUCK, ELIZABET 70 PINE STREET NEW YORK, NY	, 30TH FLOOR	Title: Name: Address: City-St-Zip:	S (X) Char CAIN, ESTA L 70 PINE STREET, 30 NEW YORK, NY 102		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ESTA L. CAIN S 04/29/2009