

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 800568

**Entity Name:** 21ST CENTURY PREMIER INSURANCE COMPANY

**Current Principal Place of Business:**

3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803

**FILED**  
**Apr 01, 2021**  
**Secretary of State**  
**7203179172CC**

**Current Mailing Address:**

PO BOX 2450  
GRAND RAPIDS, MI 49501-2450 US

**FEI Number:** 22-1721971

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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, DIRECTOR  
Name            LOUCKS, WILLIAM D JR.  
Address        3 BEAVER VALLEY ROAD  
City-State-Zip: WILMINGTON DE 19803

Title            S  
Name            HOHL, DOREN E  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            VP, AT  
Name            NOH, THOMAS S  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            AT  
Name            BARNES, GRETCHEN L  
Address        5600 BEECH TREE LANE  
City-State-Zip: CALEDONIA MI 49316

Title            VP  
Name            HOWARD, ROBERT P  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            DIRECTOR  
Name            JACKSON, GAIL N  
Address        7763 VERAGUA DR  
City-State-Zip: PLAYA DEL REY CA 90293

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

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:** GRETCHEN L BARNES

**ASSISTANT TREASURER    04/01/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR, VP  
Name MCCARTHY, VICTORIA L  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR  
Name LEWIS, SHERMAN L III  
Address 2404 GALLEON POINT CT  
City-State-Zip: PEARLAND TN 77584

Title DIRECTOR  
Name BRYANT, JOE D  
Address ULTRA THIN INC  
1720 S BROADWAY  
City-State-Zip: MOORE OK 73160

Title DIRECTOR  
Name HANSON, GUY M  
Address 7655 HIGHWAY 10  
City-State-Zip: MISSOULA MT 59808

Title VP  
Name LLOYD, STEPHANIE T  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR  
Name MURRAY, TIMOTHY J  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367