

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 822052

**Entity Name:** CENTURY INDEMNITY COMPANY

**Current Principal Place of Business:**

436 WALNUT ST  
PHILADELPHIA, PA 19106

**Current Mailing Address:**

436 WALNUT ST  
PHILADELPHIA, PA 19106 US

**FEI Number:** 06-6105395

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
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 SECRETARY  
Name DWYER, JOHN J  
Address 436 WALNUT ST  
City-State-Zip: PHILADELPHIA PA 19106

Title DIRECTOR  
Name MATTIOLI, SHELBY L  
Address 436 WALNUT ST  
City-State-Zip: PHILADELPHIA PA 19106

Title DIRECTOR, ASS SECRETARY,  
TREASURER  
Name ELLNER, MICHAEL  
Address 510 WALNUT ST.  
City-State-Zip: PHILADELPHIA PA 19106

Title DIRECTOR  
Name SCHWARTZ, JOSHUA  
Address 438 WALNUT ST.  
City-State-Zip: PHILADELPHIA PA 10036

Title DIRECTOR  
Name MCQUIGGAN, BRENDAN  
Address 510 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title DIRECTOR  
Name LE , DEE  
Address 510 WALNUT ST  
City-State-Zip: PHILADELPHIA PA 19106

Title PRESIDENT, DIRECTOR  
Name WILSON, LISA A.  
Address 510 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

*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:** JOHN DWYER

**ASSISTANT SECRETARY** 01/04/2024

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

\_\_\_\_\_  
Date