

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850737

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

**Current Principal Place of Business:**

3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803

**FILED**  
**Apr 13, 2018**  
**Secretary of State**  
**CC8812332083**

**Current Mailing Address:**

TAX DEPT  
PO BOX 2450  
GRAND RAPIDS, MI 49501-2450 US

**FEI Number:** 23-2044095

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
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	S	Title	PRESIDENT, DIRECTOR
Name	POPP, MAURA C	Name	PFEIL, GLENN A
Address	3 BEAVER VALLEY RD	Address	3 BEAVER VALLEY ROAD
City-State-Zip:	WILMINGTON DE 19803	City-State-Zip:	WILMINGTON DE 19803
Title	VP, ASST. TREASURER	Title	ASST. TREASURER
Name	MYHAN, RONALD G	Name	PEPPER, JEFFREY L
Address	6301 OWENSMOUTH AVE	Address	5600 BEECH TREE LANE
City-State-Zip:	WOODLAND HILLS CA 91367	City-State-Zip:	CALEDONIA MI 49316
Title	VP	Title	TREASURER
Name	DALY, KEITH G	Name	HARM, THERESA L
Address	6301 OWENSMOUTH AVE	Address	3 BEAVER VALLEY RD
City-State-Zip:	WOODLAND HILLS CA 91367	City-State-Zip:	WILMINGTON DE 19803
Title	DIRECTOR	Title	DIRECTOR
Name	JACKSON, GAIL N	Name	HOOD, SCOTT W
Address	7763 VERAGUA DR	Address	13148 EL MONTE DRIVE
City-State-Zip:	PLAYA DEL REY CA 90293	City-State-Zip:	LEAWOOD KS 66209

**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:** JEFFREY L PEPPER

**ASST TREASURER**

**04/13/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BAUR, MAITE I  
Address 4750 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

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

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

Title VP  
Name MCCARTHY, VICTORIA L  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 66061

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