

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850737

FILED
Jan 14, 2016
Secretary of State
CC9465407628

Entity Name: 21ST CENTURY CENTENNIAL INSURANCE COMPANY

Current Principal Place of Business:

3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803

Current Mailing Address:

PO BOX 2450
TAX DEPT
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
Name POPP, MAURA C
Address 3 BEAVER VALLEY RD
City-State-Zip: WILMINGTON DE 19803

Title PRESIDENT, DIRECTOR
Name PFEIL, GLENN A
Address 3 BEAVER VALLEY ROAD
City-State-Zip: WILMINGTON DE 19803

Title VP, ASST. TREASURER
Name MYHAN, RONALD G
Address 4750 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

Title ASST. TREASURER
Name PEPPER, JEFFREY L
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title VP, DIRECTOR
Name DALY, KEITH G
Address 31051 AGOURA RD
City-State-Zip: WESTLAKE VILLAGE CA 91361

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

Title VP
Name MCCARTHY, VICTORIA L
Address 631 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title VP
Name WILLIAMS, KARYN L
Address 4680 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

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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

01/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER, DIRECTOR
Name SATO, KIM M
Address SIX WATERFRONT PLAZA
 500 ALA MOANA BLVD FL 3
City-State-Zip: HONOLULU HI 96813

Title DIRECTOR
Name CARNI, FRANK A
Address 31051 AGOURA HILLS
City-State-Zip: WESTLAKE VILLAGE CA 91361

Title DIRECTOR
Name BENTELY, KENNETH W
Address 6442 SHENANDOAH AVE
City-State-Zip: LOS ANGELES CA 90056

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