

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005070

Entity Name: 21ST CENTURY INDEMNITY INSURANCE COMPANY

Current Principal Place of Business:

3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803

FILED
Jan 11, 2017
Secretary of State
CC7375629986

Current Mailing Address:

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

FEI Number: 13-1967524

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

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 AT
Name PEPPER, JEFFREY L
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title DIRECTOR
Name BENTLEY, KENNETH W
Address 6642 SHENANDOAH AVE
City-State-Zip: LOS ANGELES CA 90056

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

Title VP
Name MCCARTHY, VICTORIA L
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

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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

01/11/2017

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 CARNI, FRANK A
Address 31051 AGOURA RD
City-State-Zip: WESTLAKE VILLAGE CA 91361

Title DIRECTOR
Name FERRARO, RICHARD M
Address 2803 SANDHURST AVE
City-State-Zip: THOUSAND OAKS CA 91362

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

Title DIRECTOR
Name COURTWRIGHT, GREGORY S
Address 2000 MCKINNEY AVE STE 1000
City-State-Zip: DALLAS TX 75201

Title DIRECTOR
Name HOOD, SCOTT W
Address 13148 EL MONTE DRIVE
City-State-Zip: LEAWOOD KS 66209