

**2019 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**  
**Apr 18, 2019**  
**Secretary of State**  
**1531545471CC**

**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	Title	PRESIDENT, DIRECTOR
Name	POPP, MAURA C	Name	LOUCKS, WILLIAM D JR.
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	AT
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	DIRECTOR
Name	MCCARTHY, VICTORIA L	Name	JACKSON, GAIL N
Address	6301 OWENSMOUTH AVE	Address	7763 VERAGUA DR
City-State-Zip:	WOODLAND HILLS CA 91367	City-State-Zip:	PLAYA DEL REY CA 90293
Title	VP	Title	TREASURER
Name	BAUR, MAITE I	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

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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**

**04/18/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title           DIRECTOR  
Name           MURRAY, TIMOTHY J  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 66061