

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15310

Entity Name: 21ST CENTURY PREFERRED INSURANCE COMPANY

Current Principal Place of Business:

3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803

FILED
Apr 13, 2018
Secretary of State
CC5039962680

Current Mailing Address:

PO BOX 2450
GRAND RAPIDS, MI 49501-2450

FEI Number: 95-2743473

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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 VP, AT
Name MYHAN, RONALD G
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 AT
Name PEPPER, JEFFREY L
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title VP
Name DALY, KEITH G
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 91367

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

Title TREASURER
Name HARM, THERESA L
Address 3 BEAVER VALLEY RD
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

04/13/2018

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

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