

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840137

FILED  
Apr 19, 2010  
Secretary of State

Entity Name: 21ST CENTURY SECURITY INSURANCE COMPANY

**Current Principal Place of Business:**

13010 MORRIS ROAD  
SUITE 600  
ALPHARETTA, GA 30004 US

**New Principal Place of Business:**

3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803 US

**Current Mailing Address:**

3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803 US

**New Mailing Address:**

FEI Number: 02-0227294      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: DESANTIS, ANTHONY J  
Address: 3 BEAVER VALLEY ROAD  
City-St-Zip: WILMINGTON, DE 19803 US

Title: CFOD  
Name: PFEIL, GLENN A  
Address: 3 BEAVER VALLEY ROAD  
City-St-Zip: WILMINGTON, DE 19803 US

Title: SVPS  
Name: CAIN, ESTA L  
Address: 3 BEAVER VALLEY ROAD  
City-St-Zip: WILMINGTON, DE 19803 US

Title: VP  
Name: MANZANO, NANCY L  
Address: 3 BEAVER VALLEY ROAD  
City-St-Zip: WILMINGTON, DE 19803 US

Title: SVPD  
Name: PROCOPIO, DONALD W  
Address: 3 BEAVER VALLEY ROAD  
City-St-Zip: WILMINGTON, DE 19803 US

Title: SVPD  
Name: LOUCKS, WILLIAM D JR.  
Address: 3 BEAVER VALLEY ROAD  
City-St-Zip: WILMINGTON, DE 19803 US

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: NANCY L. MANZANO

VP

04/19/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date