

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 840137

**Entity Name:** 21ST CENTURY SECURITY INSURANCE COMPANY

**Current Principal Place of Business:**

3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803

**FILED**  
**Jan 11, 2017**  
**Secretary of State**  
**CC2568148086**

**Current Mailing Address:**

PO BOX 2450  
GRAND RAPIDS, MI 49501-2450 US

**FEI Number:** 02-0227294

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

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        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 VERAGUS DR  
City-State-Zip: PLAYA DEL REY CA 90293

**Continues on page 2**

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

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           VP  
Name           BAUR, MAITE I  
Address        4750 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

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 DR  
City-State-Zip: LEAWOOD KS 66209