

**2018 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**  
**Apr 13, 2018**  
**Secretary of State**  
**CC6614845721**

**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         6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

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 VERAGUS 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