

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846846

Entity Name: 21ST CENTURY NORTH AMERICA INSURANCE COMPANY

Current Principal Place of Business:

3 BEAVER VALLEY RD
WILMINGTON, DE 19803

Current Mailing Address:

PO BOX 2450
GRAND RAPIDS, MI 49501-2450 US

FEI Number: 13-3333609

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 LOUCKS, WILLIAM D JR.
Address 3 BEAVER VALLEY RD.
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 49504-2450

Title DIRECTOR
Name ROTHENBERG, BRYAN M
Address 90 MERRICK AVE
 STE 300
City-State-Zip: EAST MEADOW NY 11554

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

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

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name BAUR, MAITE I
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

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

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

Title DIRECTOR
Name MARTIN, DALE A
Address 1575 CAPADARO CT
City-State-Zip: MONUMENT CO 80132