

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005070

Entity Name: 21ST CENTURY INDEMNITY INSURANCE COMPANY

FILED
Jan 06, 2014
Secretary of State
CC5038657757

Current Principal Place of Business:

3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803

Current Mailing Address:

PO BOX 2450
GRAND RAPIDS, MI 49501-2450 US

FEI Number: 13-1967524

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 D
Name DESANTIS, ANTHONY J
Address 3 BEAVER VALLEY ROAD
City-State-Zip: WILMINGTON DE 19803

Title VP
Name PROCOPIO, DONALD W
Address 3 BEAVER VALLEY ROAD
City-State-Zip: WILMINGTON DE 19803

Title S
Name HOHL, DOREN E
Address 4680 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

Title T, CFO, VP
Name PFEIL, GLENN A
Address 3 BEAVER VALLEY ROAD
City-State-Zip: WILMINGTON DE 19803

Title VP, D
Name MYHAN, RONALD G
Address 4680 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 MARLIN, DALE A
Address 1575 CAPADARO CT
City-State-Zip: MONUMENT CO 80132

Title DIRECTOR
Name RODRIGUEZ, DONALD E
Address 3635 LONG BEACH BLVD
City-State-Zip: LONG BEACH CA 90807

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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

01/06/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WUO, JOHN T
Address 75 N SANTA ANITA, SUITE 106
City-State-Zip: ARCADIA CA 91006

Title DIRECTOR
Name KAPLAN, PETER D
Address 8711 ST IVES DRIVE
City-State-Zip: LOS ANGELES CA 90069

Title DIRECTOR
Name BENTLEY, KENNETH W
Address 800 N BRAND BLVD
City-State-Zip: GLENDALE CA 91203

Title D
Name LOUIE, DAVID W
Address 1741 W BENTON WAY
City-State-Zip: LOS ANGELES CA 90026