

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005070

Entity Name: 21ST CENTURY INDEMNITY INSURANCE COMPANY

Current Principal Place of Business:

3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803

FILED
Apr 18, 2019
Secretary of State
1531545471CC

Current Mailing Address:

TAX DEPT
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	S	Title	PRESIDENT, DIRECTOR
Name	POPP, MAURA C	Name	LOUCKS, WILLIAM D JR.
Address	3 BEAVER VALLEY RD	Address	3 BEAVER VALLEY ROAD
City-State-Zip:	WILMINGTON DE 19803	City-State-Zip:	WILMINGTON DE 19803
Title	VP, ASST. TREASURER	Title	AT
Name	MYHAN, RONALD G	Name	PEPPER, JEFFREY L
Address	6301 OWENSMOUTH AVE	Address	5600 BEECH TREE LANE
City-State-Zip:	WOODLAND HILLS CA 91367	City-State-Zip:	CALEDONIA MI 49316
Title	VP	Title	DIRECTOR
Name	MCCARTHY, VICTORIA L	Name	JACKSON, GAIL N
Address	6301 OWENSMOUTH AVE	Address	7763 VERAGUA DR
City-State-Zip:	WOODLAND HILLS CA 91367	City-State-Zip:	PLAYA DEL REY CA 90293
Title	VP	Title	TREASURER
Name	BAUR, MAITE I	Name	HARM, THERESA L
Address	6301 OWENSMOUTH AVE	Address	3 BEAVER VALLEY RD
City-State-Zip:	WOODLAND HILLS CA 91367	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

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name MURRAY, TIMOTHY J
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 66061