

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06852

FILED
Feb 15, 2019
Secretary of State
7724150833CC

Entity Name: 21ST CENTURY NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

695 ATLANTIC AVENUE
BOSTON, MA 02111

Current Mailing Address:

695 ATLANTIC AVENUE
BOSTON, MA 02111 US

FEI Number: 13-3801089

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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, CHAIRMAN
Name BELODOFF, HAL
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR, TREASURER
Name HARTRANFT, WILLIAM D.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title SECRETARY
Name COLLINS, KRISTIN V.
Address 28 CROSS STREET
City-State-Zip: NORWELL MA 02061

Title DIRECTOR
Name LUONGO, PAUL D
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name GRANAHAN, COLLEEN M.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name BOYD, MARY J
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name HILL, JOHN C
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name URIE, SANDRA A.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

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: KRISTIN V COLLINS

SECRETARY

02/15/2019

Electronic Signature of Signing Officer/Director Detail

Date