

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214502316

1.) CORPORATION NAME:

21st CENTURY INSURANCE COMPANY

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1695040**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3 BEAVER VALLEY ROAD

CITY/ST/ZIP: WILMINGTON, DE 19803

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ANTHONY DESANTIS
 TITLE: DIRECTOR
 ADDRESS: 3 BEAVER VALLEY RD
 CITY/ST/ZIP/CO: WILMINGTON, DE 19803

OFFICER DIRECTOR

NAME: RONALD G MYHAN
 TITLE: VP, AT
 ADDRESS: 4680 WILSHIRE BLVD
 CITY/ST/ZIP/CO: LOS ANGELES, CA 90010

OFFICER DIRECTOR

NAME: WILLIAM D LOUCKS JR
 TITLE: PRESIDENT
 ADDRESS: 3 BEAVER VALLEY RD
 CITY/ST/ZIP/CO: WILMINGTON, DE 19803

OFFICER DIRECTOR

NAME: Doren E Hohl
 TITLE: SECRETARY
 ADDRESS: 4680 Wilshire Blvd
 CITY/ST/ZIP/CO: Los Angeles, CA 90010

OFFICER DIRECTOR

NAME: GLENN A PFEIL
 TITLE: VP, CFO, T
 ADDRESS: 3 BEAVER VALLEY RD
 CITY/ST/ZIP/CO: WILMINGTON, DE 19803

OFFICER DIRECTOR

NAME: JEFFREY L PEPPER
 TITLE: ASST TREASURER
 ADDRESS: 5600 BEECH TREE LANE
 CITY/ST/ZIP/CO: CALEDONIA, MI 49316

OFFICER DIRECTOR

NAME: KENNETH W BENTLEY TITLE: DIRECTOR ADDRESS: 800 N BRAND BLVD CITY/ST/ZIP/CO: GLENDALE, CA 91203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PETER D KAPLAN TITLE: DIRECTOR ADDRESS: 8711 ST IVES DRIVE CITY/ST/ZIP/CO: LOS ANGELES, CA 90069	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DALE A MARLIN TITLE: DIRECTOR ADDRESS: 1575 CAPADARO CT CITY/ST/ZIP/CO: MONUMENT, CO 80132	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD E RODRIGUEZ TITLE: DIRECTOR ADDRESS: 3635 LONG BEACH BLVD CITY/ST/ZIP/CO: LONG BEACH, CA 90807	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN T WU TITLE: DIRECTOR ADDRESS: 75 N SANTA ANITA SUITE 106 CITY/ST/ZIP/CO: ARCADIA, CA 91006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David W Louie TITLE: DIRECTOR ADDRESS: 1741 w Benton Way CITY/ST/ZIP/CO: Los Angeles, CA 90026	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JEFFREY L PEPPER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY L PEPPER, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	1/3/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		