

*FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805067 (6)
1. Corporation Name
SEABOARD SURETY COMPANY



Principal Place of Business 199 WATER ST 20TH FL NEW YORK NY 10038	Mailing Address BURNT MILLS ROAD & RT. 206 BEDMINSTER NJ 07821
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1939	
21 Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		4. FEI Number 13-5379820	
22 City & State	27	City & State		Applied For Not Applicable	
23 Zip	28	Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country	29	Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITAL BUILDING
SUITE 225
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, type or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, G F	
STREET ADDRESS	BURNT MILLS RD & RT. 206	
CITY-ST-ZIP	BEDMINSTER NJ	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DARR, J.	
STREET ADDRESS	BURNT MILLS RD & RT. 206	
CITY-ST-ZIP	BEDMINSTER NJ	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLASS, ANDRES I	
STREET ADDRESS	385 WASHINGTON ST.	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GRUNSFELD, S.R.	
STREET ADDRESS	BURNT MILLS ROAD & ROUTE 206	
CITY-ST-ZIP	BEDMINSTER NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GORKE, T. P.	
STREET ADDRESS	BURNT MILLS RD & RT. 206	
CITY-ST-ZIP	BEDMINSTER NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GERBER, EDWARD M	
STREET ADDRESS	385 WASHINGTON ST.	
CITY-ST-ZIP	ST. PAUL MN 55102	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Susan J. Albrecht
3.3 STREET ADDRESS	385 Washington St.
3.4 CITY-ST-ZIP	St. Paul, MN 55102
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Edward M. Gerber 2/11/98 (612) 310-7911

CR2E034 (10/97)