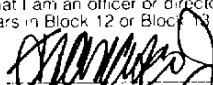


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K39194 1. Corporation Name SEVEN SEAS INSURANCE COMPANY			
Principal Place of Business 821 AVENUE "E" RIVIERA BEACH, FL 33404-7523		Mailing Address 821 AVENUE "E" RIVIERA BEACH, FL 33404-7523	
2. Principal Place of Business 21 Sute, Apt #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Sute, Apt #, etc 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 04/21/1989		3a. Date of Last Report 05/01/1995	
4. FEI Number 65-0115930		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No filed w/ parent co. Birdsall, Inc.			
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE, FL 32301		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 607.0502 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 typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when first filing) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DC CLINE, RICHARD G. 1844 FERRY ROAD NAPERVILLE, IL 60563 ☒ DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	D NARDI, THOMAS A. 1844 FERRY ROAD NAPERVILLE, IL 60563 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D FISHER, THOMAS L. 1844 FERRY ROAD NAPERVILLE, IL 60563 ☐ DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	CD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD CYRANOSKI, DAVID L. 1844 FERRY ROAD NAPERVILLE, IL 60563 ☐ DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD MURRELL, RICK 821 AVENUE "E" RIVIERA BEACH, FL 33404 ☐ DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	700001799517 04/29/96--01089--027 ***208.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D BIRDSALL, JOHN H., III 821 AVENUE "E" RIVIERA BEACH, FL 33404 ☐ DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VT BEHRENS, GEORGE M. 821 AVENUE "E" RIVIERA BEACH, FL 33404 ☐ DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FRANCISCO J. GARCIA, ASSISTANT SECRETARY		Date: 4/24/96 407 840 -2825 Dial: 56-4-29-96	

CR2E034 (12/95)