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	Mailing Address
821 AVENUE"E" RIVIERA BEACH, FL 33404-7523	821 AVENUE "E" RIVIERA BEACH, FL 33404-7523

3. Date Incorporated or Qualified: 04/21/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0115930 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ X — $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 ☒ X 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 _____ DATE
Signature, type or printed name of registered agent, and title, if applicable (REQUIRED: Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	CLINE, RICHARD G.		1.2 NAME	NARDI, THOMAS A.	
STREET ADDRESS	1844 FERRY ROAD		1.3 STREET ADDRESS	1844 FERRY ROAD	
CITY-ST-ZIP	NAPERVILLE, IL 60563		1.4 CITY-ST-ZIP	NAPERVILLE, IL 60563	
TITLE	D	☐ DELETE	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	FISHER, THOMAS L.		2.2 NAME		
STREET ADDRESS	1844 FERRY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE, IL 60563		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CYRANOSKI, DAVID L.		3.2 NAME		
STREET ADDRESS	1844 FERRY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE, IL 60563		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	700001799517	☐ Change ☐ Addition
NAME	MURRELL, RICK		4.2 NAME	-04/29/96--01089--027	
STREET ADDRESS	821 AVENUE "E"		4.3 STREET ADDRESS	***208.75	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BIRDSALL, JOHN H., III		5.2 NAME		
STREET ADDRESS	821 AVENUE "E"		5.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		5.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BEHRENS, GEORGE M.		6.2 NAME		
STREET ADDRESS	821 AVENUE "E"		6.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ 4/24/96 407 840-2825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANCISCO J. GARCIA, ASSISTANT SECRETARY
SG-4-29-96