

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90314 048 ***150.00

DOCUMENT # K39194 1. Entity Name SEVEN SEAS INSURANCE COMPANY, INC.					
Principal Place of Business 4 EAST PORT RD RIVIERA BEACH, FL 33404-6902			Mailing Address 4 EAST PORT RD RIVIERA BEACH, FL 33404-6902		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRELL, RICK 821 AVENUE "E" RIVIERA BEACH, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRDSALL, JOHN H., III 821 AVENUE "E" RIVIERA BEACH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FISHER, THOMAS L 1844 FERRY ROAD NAPERVILLE, IL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROBEL, RUSS M 1844 FERRY ROAD NAPERVILLE, IL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attachment.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

40047753



01302006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0115930

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **x** *Deag Behner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

ATTACHMENT 40047753
K39194

ADDITIONS TO OFFICERS AND DIRECTORS IN 11.

Title	DPT
Name	George M. Behrens
Street Address	1844 Ferry Road
City-ST-Zip	Naperville, IL

Title	DVC
Name	Richard L. Hawley
Street Address	1844 Ferry Road
City-ST-Zip	Naperville, IL

Title	DVP
Name	Gerald P. O'Connor
Street Address	1844 Ferry Road
City-ST-Zip	Naperville, IL

Title	S
Name	Neil Maloney
Street Address	1844 Ferry Road
City-ST-Zip	Naperville, IL