

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39194

FILED
May 01, 2009
Secretary of State

Entity Name: SEVEN SEAS INSURANCE COMPANY, INC.

Current Principal Place of Business:

5 EAST 11TH STREET
RIVIERA BEACH, FL 334046902

New Principal Place of Business:

Current Mailing Address:

5 EAST 11TH STREET
RIVIERA BEACH, FL 334046902

New Mailing Address:

FEI Number: 65-0115930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVPT () Delete
Name: O'CONNOR, GERALD P
Address: 1844 FERRY RD
City-St-Zip: NAPERVILLE, IL

Title: D () Delete
Name: BIRDSALL, JOHN H., III
Address: 2755 SCHEFORD FARM
City-St-Zip: CHARLOTTESVILLE, VA 22901

Title: S () Delete
Name: MALONEY, NEIL
Address: 1844 FERRY RD
City-St-Zip: NAPERVILLE, IL

Title: DC () Delete
Name: STROBEL, RUSS M
Address: 1844 FERRY ROAD
City-St-Zip: NAPERVILLE, IL

Title: D () Delete
Name: GRACEY, PAUL C JR
Address: 1844 FERRY RD
City-St-Zip: NAPERVILLE, IL

Title: DVC () Delete
Name: HAWLEY, RICHARD L
Address: 1844 FERRY RD
City-St-Zip: NAPERVILLE, IL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN SPINRAD

CC

05/01/2009

Electronic Signature of Signing Officer or Director

Date