2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# K39194

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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: DVC
Name: GRACEY, PAUL C JR
Address: 1844 FERRY RD
City-St-Zip: NAPERVILLE, IL

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

I hereby 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 all other like empowered.

SIGNATURE: RUBEN SPIINRAD, CORPORATE COUNSEL CC 01/06/2011

Electronic Signature of Signing Officer or Director — Date