2003 FOR PROFIT CORPORATION

FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90172 042 ***150.00

UNIFORM E	BUSINESS	REPOR'	r (L	JBR)
DOCUMENT #	K39194			
SEVEN SEAS INSURANC	E COMPANY	time to a serv	V.	
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SEVEN SE	AS INSURANCE COMPAI	VY	V		
7	<u>0 40€634.</u>	16.706 17		7.112023 8 16744	
821 AVENUE E	e of Business 120412- (120200000) - 475- 4 0500 1500 000, particle of H FL 33404-75231010 10 124501110	். த Mailing Address	7523	\$1 (26 dot Quintilly to The protect of State of Charles of A state of the state of	Humoling County Lead To Address Vens In Address Vens In In Address Vens In
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Principal Place of Business Mailing Address				THE BURN BEATH BEEN BURN BIRK AND THE MINN BIRK TO THE	
Coulta And	# -t-	Suite, Apt. #, etc.		·	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE	E IF MAKING CHANGES
City & State	e	City & State		4. FEI Number 65-0115930	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New	Registered Agent
š			- Name		A series and the series of the
	E COMMISSIONER		Street Addre	ss (P.O. Box Number is Not Acceptabl	e)
THE CAPI	rol ISEE FL 32301		<u> </u>		
INTERNITO	TVUL I E VENUT		City		FL Zip Code
		as the missions of all angles its	'	stered agent, or both, in the State of Fl	, =
	named entity submits this statement to ions of registered agent.	or the purpose of changing its	refligreren nunce or sed	esterou agent, or boar, in the otest of th	
SIGNATURE _	. ** · · · · <u>* · · · · · · · · · · · · ·</u>	<u>, , , , , , , , , , , , , , , , , , , </u>			
SIGNATURE -	Signature, typed or printed name of registered agen	t and title if applicable. (NOTI	: Registered Agent signature rec	julied when reinstating)	DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	of State ju tyrose is		Election Campaign Fi Trust Fund Contribution	on. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11
TITLE	D. BEHRENS, GEORGE M. ""	Delete	TITLE NAME		(1)
STREET ADORESS	1844 FERRY FD		STREET ADDRESS	: ;	28.
CITY-ST-ZIP	NAPERVILLE IL	☐ Delete	CITY-ST-ZIP	.t	Change Addition
TIFLE NAME	SD HALLORAN, KATHLEEN L	La palete	NAME		3
STREET ADDRESS	1844 FERRY ROAD		STREET ADDRESS	*	
CITY-ST-ZIP	NAPERVILLE IL		CITY-ST-ZIP	·	Change Addition
TITLE NAME	PO MURRELL, RICK	☐ De lete	NAME		, summer Editorium
STREET ADDRESS"	821 AVENUE E		STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP	RIVIERA BEACH FL	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BIRDSALL, JOHN H., III	Upicio	NAME	•	
	821 AVENUE "E"		STREET ADDRESS CITY-ST-ZIP	•	
CITY-ST-ZIP	RIVIERA BEACH FL	□ Balata	TITLE		☐ Change ☐ Addition
TITLE NAME	DC Fisher, Thomas L	Delete .	NAME		
STREET ADDRESS	1844 FERRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE IL		CITY-ST-ZIP		Chann C Addition
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition }
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby of indicated of the corchanged.	certify that the information supplied will on this report or supplemental report poration or the receiver or trustee em , or on an attachment with an adequate.	th this filling does not qualify for is true and accurate and that n cowered to execute this report with a bother like empowered.	the exemption stated in ny signature shall have as required by Chapter	n Section 119.07(3)(i), Florida Statutes, the same legal effect as if made under 607, Florida Statutes; and that my nam	I further certify that the information oath; that I am an officer or director to appears in Block 10 or Block 11 if

RIX MURREL USB3 561-840-2955