FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:29

DOCUMENT # 805067 (6)

1. Corporation Name
SEABOARD SURETY COMPANY

Principal Place of Business	Mailing Address
199 WATER ST 20TH FL NEW YORK NY 10038	BURNT MILLS ROAD & RT. 206 BEDMINSTER NJ 07921

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1939
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 13-5379820 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAWKINS, ELBERT
2600 LAKE LUCIAN DR.
SUITE 225
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: Insurance Commissioner
82 Street Address (P.O. Box Number is Not Acceptable): Capitol Building
83
84 City: Tallahassee FL 85 Zip Code: 32304

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: Elbert A. Hawkins — Elbert L. Hawkins — May 31, 1995
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, G F	12 NAME		
STREET ADDRESS	BURNT MILLS RD & RT. 206	13 STREET ADDRESS		
CITY-ST-ZIP	BEDMINSTER NJ	14 CITY-ST-ZIP		
TITLE	VTD	21 TITLE		☐ Change ☐ Addition
NAME	DARR, J.	22 NAME		
STREET ADDRESS	BURNT MILLS RD & RT. 206	23 STREET ADDRESS		
CITY-ST-ZIP	BEDMINSTER NJ	24 CITY-ST-ZIP		
TITLE	C	31 TITLE	DC	☒ Change ☐ Addition
NAME	MATTINGLY, LOREN	32 NAME	Nicholas M. Brown, Jr.	
STREET ADDRESS	BURNT MILLS RD & RT 206	33 STREET ADDRESS	385 Washington Street	
CITY-ST-ZIP	BEDMINSTER NJ	34 CITY-ST-ZIP	St. Paul, MN 55102	
TITLE	VSD	41 TITLE		☐ Change ☐ Addition
NAME	GRUNFELD, S.R.	42 NAME		
STREET ADDRESS	BURNT MILLS ROAD & ROUTE 206	43 STREET ADDRESS		
CITY-ST-ZIP	BEDMINSTER NJ	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	GORKE, T. P.	52 NAME		
STREET ADDRESS	BURNT MILLS RD & RT. 206	53 STREET ADDRESS		
CITY-ST-ZIP	BEDMINSTER NJ	54 CITY-ST-ZIP		
TITLE	VP	61 TITLE	DV	☒ Change ☐ Addition
NAME	KEEGAN, MICHAEL B.	62 NAME	REMITTED BY MAY 1	
STREET ADDRESS	BURNT MILLS RD & RT 206	63 STREET ADDRESS		
CITY-ST-ZIP	BEDMINSTER NJ	64 CITY-ST-ZIP		

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 above, or on an attachment with an address.

SIGNATURE: [signature] Bruce A. Backberg, Asst. Secy. 4/13/95 612-221-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0305345 FP