

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39194

Entity Name: SEVEN SEAS INSURANCE COMPANY, INC.**Current Principal Place of Business:**501 AVENUE P
RIVIERA BEACH, FL 33404**Current Mailing Address:**SALTCHUK RESOURCES ATTN: ANDY ALEY
450 ALASKAN WAY S STE 708
SEATTLE, WA 98104 US**FEI Number:** 65-0115930**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC
155 OFFICE PLAZA DRIVE STE A
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT
Name	CULPEPPER, J. MICHAEL
Address	501 AVENUE P
City-State-Zip:	RIVIERA BEACH FL 33404

Title	DIRECTOR
Name	TABBUTT, MARK N.
Address	450 ALASKAN WAY SOUTH, SUITE 708
City-State-Zip:	SEATTLE WA 98104

Title	DIRECTOR, CHAIRMAN, VP, TREASURER
Name	GIESE, STEVEN E.
Address	450 ALASKAN WAY SOUTH, SUITE 708
City-State-Zip:	SEATTLE WA 98104

Title	DIRECTOR, ASSISTANT VICE PRESIDENT, SECRETARY
Name	LA GRENADE, RENEE M.
Address	501 AVENUE P
City-State-Zip:	RIVIERA BEACH FL 33404

Title	DIRECTOR
Name	PARRIS, TREVOR
Address	450 ALASKAN WAY SOUTH, SUITE 708
City-State-Zip:	SEATTLE WA 98104

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: RENEE LA GRENADE**SECRETARY****05/03/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date