

2017 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:**BS&G, INC., ATTN: KATHLEEN BROWN
1191 - 2ND AVENUE, SUITE 1800
SEATTLE, WA 98101 US**FEI Number:** 65-0115930**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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	GIESE, STEVEN E.
Address	1111 FAIRVIEW AVENUE NORTH
City-State-Zip:	SEATTLE WA 98109

Title	DIRECTOR
Name	PARRIS, TREVOR
Address	1111 FAIRVIEW AVENUE NORTH
City-State-Zip:	SEATTLE WA 98109

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

Title	DIRECTOR
Name	TABBUTT, MARK N.
Address	1111 FAIRVIEW AVENUE NORTH
City-State-Zip:	SEATTLE WA 98109

Title	DIRECTOR, CHAIRMAN, VP, TREASURER
Name	ENGLE, TIMOTHY B.
Address	1111 FAIRVIEW AVENUE NORTH
City-State-Zip:	SEATTLE WA 98109

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: STEVEN E. GIESE**DIRECTOR****04/18/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date