

2019 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:**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 VICE PRESIDENT OF TAX
Name BROWN, MICHELLE
Address 450 ALASKAN WAY SOUTH, SUITE 708
City-State-Zip: SEATTLE WA 98104

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

Title DIRECTOR
Name GIESE, STEVEN E.
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: STEVEN E. GIESE**DIRECTOR****02/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date