

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000732

Entity Name: STILLWATER INSURANCE COMPANY**Current Principal Place of Business:**5385 HOLLISTER AVE
SANTA BARBARA, CA 93111**Current Mailing Address:**4905 BELFORT RD
C/O TRUDY BECK 110
JACKSONVILLE, FL 32256 US**FEI Number:** 68-0266416**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES STREET
TALLAHASSEE, FL 32399 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	PCEO
Name	DAVEY, MARK O
Address	4905 BELFORT RD 110
City-State-Zip:	JACKSONVILLE FL 32256

Title	SECRETARY
Name	PRICE, DEB
Address	4905 BELFORT RD 110
City-State-Zip:	JACKSONVILLE FL 32256

Title	TREASURER
Name	GIORGIANNI, JOHN
Address	4905 BELFORT RD 110
City-State-Zip:	JACKSONVILLE FL 32256

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: MARK O. DAVEY

CEO/PRESIDENT

01/06/2017

Electronic Signature of Signing Officer/Director Detail_____
Date