

**2022 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:**6800 SOUTHPOINT PKWY  
C/O TOMMYE FROST 700  
JACKSONVILLE, FL 32216 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	P, CEO, DIRECTOR
Name	DAVEY, MARK O
Address	6800 SOUTHPOINT PKWY 700
City-State-Zip:	JACKSONVILLE FL 32216

Title	SECRETARY
Name	FROST, TOMMYE MOREHEAD
Address	6800 SOUTHPOINT PKWY 700
City-State-Zip:	JACKSONVILLE FL 32216

Title	TREASURER
Name	EDMONSTON, JULIA B
Address	6800 SOUTHPOINT PKWY 700
City-State-Zip:	JACKSONVILLE FL 32216

*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:** TOMMYE M FROST**SECRETARY****01/31/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date