

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005379

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC0198143295**

**Entity Name:** SPINNAKER INSURANCE COMPANY

**Current Principal Place of Business:**

233 SOUTH WACKER DRIVE, SUITE 5500  
CHICAGO, IL 60606

**Current Mailing Address:**

221 MAIN STREET, STE 2  
CHESTER, NJ 07930 US

**FEI Number:** 93-0928517

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32314-6200 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 D  
Name MASON, LAWRENCE  
Address 233 SOUTH WACKER DRIVE, STE 5500  
City-State-Zip: CHICAGO IL 60606

Title D  
Name LAMPLOT, MICHAEL  
Address 352 WEST UTLEY ROAD  
City-State-Zip: ELMHURST IL 60126

Title P  
Name INGREY, DAVID  
Address 221 MAIN STREET, STE 2  
City-State-Zip: CHESTER NJ 07930

Title S  
Name TYBURSKI, ADAM  
Address 221 MAIN STREET, STE 2  
City-State-Zip: CHESTER NJ 07930

Title T  
Name WILLMOTT, JESSE  
Address 221 MAIN STREET, STE 2  
City-State-Zip: CHESTER NJ 07930

Title D  
Name YUNKER, DANIEL  
Address 222 S. RIVERSIDE PLAZA, STE 1900  
City-State-Zip: CHICAGO IL 60606

*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:** JESSE WILLMOTT

**CFO**

**03/09/2016**

Electronic Signature of Signing Officer/Director Detail

Date