

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005379

**Entity Name:** SPINNAKER INSURANCE COMPANY

**Current Principal Place of Business:**

100 BANK STREET  
SUITE 610  
BURLINGTON, VT 05401

**Current Mailing Address:**

100 BANK STREET  
SUITE 610  
BURLINGTON, VT 05401 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            PRESIDENT, TREASURER  
Name            SNAVELY, CHARLES R  
Address        100 BANK STREET  
                  SUITE 610  
City-State-Zip: BURLINGTON VT 05401

Title            DIRECTOR, SECRETARY  
Name            COHEN, ERIC I  
Address        200 NYALA FARM ROAD  
City-State-Zip: WESTPORT CT 06880

Title            ASST. SECRETARY, DIRECTOR  
Name            CLEMONS, JAMES E  
Address        100 BANK STREET  
                  SUITE 610  
City-State-Zip: BURLINGTON VT 05401

*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:** ERIC I COHEN

**SECRETARY**

**05/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date