

**2021 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F15000005379

**Entity Name:** SPINNAKER INSURANCE COMPANY

**Current Principal Place of Business:**

1 PLUCKEMIN WAY  
SUITE 102  
BEDMINSTER, NJ 07921

**Current Mailing Address:**

1 PLUCKEMIN WAY  
SUITE 102  
BEDMINSTER, NJ 07921 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  
Name            INGREY, DAVID  
Address        1 PLUCKEMIN WAY  
                  SUITE 102  
City-State-Zip: BEDMINSTER NJ 07921

Title            DIRECTOR  
Name            WAND, ASSAF  
Address        150 FOREST AVENUE  
City-State-Zip: PALO ALTO CA 94301

Title            CFO, TREASURER  
Name            WILLMOTT, JESSE  
Address        1 PLUCKEMIN WAY  
                  SUITE 102  
City-State-Zip: BEDMINSTER NJ 07921

Title            SECRETARY  
Name            HOENSCH, LAURA  
Address        1 PLUCKEMIN WAY  
                  SUITE 102  
City-State-Zip: BEDMINSTER NJ 07921

Title            ASSISTANT SECRETARY  
Name            BOWDEN, TRACY  
Address        150 FOREST AVENUE  
City-State-Zip: PALO ALTO CA 94301

*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:** TRACY BOWDEN

**ASSISTANT SECRETARY    08/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date