### 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P26864

#### Entity Name: SEABRIGHT INSURANCE COMPANY

# **Current Principal Place of Business:**

**190 SOUTH LASALLE STREET SUITE 1400** CHICAGO, IL 60603

#### **Current Mailing Address:**

1501 4TH AVE **SUITE 2700** SEATTLE, WA 98101 US

## FEI Number: 43-1436329

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

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US

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The above named	l entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATURE	: MAUREEN CATHELL			03/31/2016
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	CEO, CHAIRMAN	Title	VP	
Name	BROCKMAN, PAUL MICHAEL JAMES	Name	MILLER, IAN	
Address	150 2ND AVENUE NORTH THIRD FLOOR	Address	1501 4TH AVE SUITE 2700	
City-State-Zip:	ST. PETERSBURG FL 33701	City-State-Zip:	SEATTLE WA 98101	
Title	SECRETARY	Title	CFO, TREASURER, DIRECTOR	२
Name	BALKAN, THOMAS J	Name	NICHOLS, THOMAS J	
Address	150 2ND AVENUE NORTH SUITE 300	Address	150 2ND AVENUE NORTH THIRD FLOOR	
City-State-Zip:	ST. PETERSBURG FL 33701	City-State-Zip:	ST. PETERSBURG FL 33701	
Title	DIRECTOR	Title	VP, DIRECTOR	
Name	DORE, JOHN A	Name	SEELINGER, RICHARD	
Address	626 WEST JACKSON BOULEVARD SUITE 500	Address	1501 4TH AVENUE SUITE 2700	
City-State-Zip:	CHICAGO IL 60661	City-State-Zip:	SEATTLE WA 98101	
Title	VP, DIRECTOR	Title	PRESIDENT, DIRECTOR	
Name	REDPATH, ROBERT F	Name	MIU, JENNIFER	
Address	411 FIFTH AVENUE 5TH FLOOR	Address	411 FIFTH AVENUE 5TH FLOOR	

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.

City-State-Zip: NEW YORK NY 10016

SECRETARY

#### SIGNATURE: THOMAS BALKAN

City-State-Zip: NEW YORK NY 10016

Electronic Signature of Signing Officer/Director Detail

## FILED Mar 31, 2016 Secretary of State CC2040043357

Certificate of Status Desired: Yes

03/31/2016