

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P26864

**Entity Name:** SEABRIGHT INSURANCE COMPANY**Current Principal Place of Business:**227 WEST MONROE  
SUITE 3950  
CHICAGO, IL 60603**Current Mailing Address:**227 WEST MONROE  
SUITE 3950  
CHICAGO, IL 60603 US**FEI Number:** 43-1436329**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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:** MAUREEN CATHELL

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, DIRECTOR  
Name TOWRISS, DANIEL JONATHAN  
Address 401 PENNSYLVANIA PKWY  
SUITE 300  
City-State-Zip: INDIANAPOLIS IN 46280

Title SECRETARY, DIRECTOR  
Name BLOOM, MICHAEL SCOTT  
Address 1601 TRAPELO ROAD  
SUITE 30  
City-State-Zip: WALTHAM MA 02451

Title PRESIDENT, DIRECTOR  
Name BORON, ANDREW EVAN  
Address 227 WEST MONROE  
SUITE 3950  
City-State-Zip: CHICAGO IL 60603

Title DIRECTOR  
Name BROCKMAN, PAUL MICHAEL  
Address 150 2ND AVENUE NORTH  
3RD FLOOR  
City-State-Zip: ST. PETERSBURGH FL 33701

Title DIRECTOR  
Name WANAMAKER, JEFFREY CASS  
Address 1111 3RD AVENUE, SUITE #1450  
185 HUDSON STREET SUITE 2600  
City-State-Zip: SEATTLE WA 98101

Title DIRECTOR  
Name DALL, KEITH ANTHONY  
Address 301 PENNSYLVANIA PKWY  
SUITE 301  
City-State-Zip: INDIANAPOLIS IN 46280

Title DIRECTOR  
Name MORAN, MICHAEL KEVIN  
Address 1601 TRAPELO ROAD  
SUITE 30  
City-State-Zip: WALTHAM MA 02451

Title CHIEF OPERATING OFFICER AND  
TREASURER  
Name CAMILLERI, MICHAEL  
Address 55 NE 5TH AVENUE  
SUITE 502  
City-State-Zip: BOCA RATON FL 33432

**Continues on page 2**

*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:** MICHAEL S. BLOOM**SECRETARY**

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title EXECUTIVE VICE PRESIDENT AND GENERAL COUNSEL  
Name HANFLING, SCOTT ANDREW  
Address 227 WEST MONROE SUITE 3950  
City-State-Zip: CHICAGO IL 60603

Title CHIEF TECHNOLOGY OFFICER  
Name SKINNER, JONATHAN ROBERT  
Address 227 WEST MONROE SUITE 3950  
City-State-Zip: CHICAGO IL 60603

Title CFO  
Name MALONEY, JOHN STEPHEN  
Address 271 PLYMOUTH AVENUE  
City-State-Zip: BRIGHTWATERS NY 11718