

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jul 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **804966** (0)
1. Corporation Name
THE SEA INSURANCE COMPANY OF AMERICA



Principal Place of Business 10 EAST 50TH STREET 27TH FLOOR NEW YORK NY 10022	Mailing Address 25 INDEPENDENCE BLVD WARREN NJ 07059 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Chase Plaza Suite, Apt. #, etc. 22 38th Floor City & State 23 New York, New York Zip 24 10005		2a. Mailing Address 26 9300 Arrowpoint Boulevard Suite, Apt. #, etc. 27 City & State 28 Charlotte, North Carolina Zip 29 28273		3. Date Incorporated or Qualified 11/14/1938	
Country 25 USA		Country 30 USA		4. FEI Number 13-3635899 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, NEWELL G., JR.	12 NAME	SEE ATTACHED LIST FOR DIRECTORS & OFFICERS
STREET ADDRESS	145 WEST 86TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	BARRICK, ROBERT C.	2.2 NAME	
STREET ADDRESS	25 INDEPENDENCE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ	2.4 CITY-ST-ZIP	
TITLE	SVPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCLEAN, DAVID B.	3.2 NAME	
STREET ADDRESS	25 INDEPENDENCE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ	3.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERY, JOYCE	4.2 NAME	
STREET ADDRESS	25 INDEPENDENCE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRYSDALE, KENNETH G.T.	5.2 NAME	
STREET ADDRESS	10 EAST 50TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joyce W. Wheeler, General Counsel, VP, & Corporate Secretary**

3/23/98

704/522-2000

CP2E034 (10/97)

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-07/13/98--01004--010
***600.00

**The Sea Insurance Company of America
Directors and Officers
As of March 31, 1998**

Title Code:	C
Name:	Robert Victor Mendelsohn
Street Address:	9300 Arrowpoint Boulevard
City, State, Zip:	Charlotte, NC 28273
Title Code:	P,D
Name:	Terry Broderick
Street Address:	9300 Arrowpoint Boulevard
City, State, Zip:	Charlotte, NC 28273
Title Code:	D
Name:	Andrea Duszenczuk
Street Address:	2351 North Forest Road
City, State, Zip:	Getzville, NY 14068-1225
Title Code:	D,V
Name:	Joseph F. Fisher
Street Address:	9300 Arrowpoint Boulevard
City, State, Zip:	Charlotte, NC 28273
Title Code:	D
Name:	Thomas Arthur Hayes
Street Address:	One Bartholomew Lane
City, State, Zip:	London EC2N 2AB ENGLAND
Title Code:	D
Name:	V. Michael Kogel
Street Address:	Two Jericho Plaza
City, State, Zip:	Jericho, NY 11753-0873
Title Code:	D
Name:	David D. Mackintosh
Street Address:	400 W. Division Street
City, State, Zip:	Syracuse, NY 13204-1438
Title Code:	D,V
Name:	James David McDonald
Street Address:	9300 Arrowpoint Boulevard
City, State, Zip:	Charlotte, NC 28273
Title Code:	D,V
Name:	James F. Noonan
Street Address:	9300 Arrowpoint Boulevard
City, State, Zip:	Charlotte, NC 28273
Title Code:	D,V
Name:	Larry Gene Simmons
Street Address:	9300 Arrowpoint Boulevard
City, State, Zip:	Charlotte, NC 28273

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Title Code: D,V
Name: Paul H. Stewman
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: D
Name: Roger J. Taylor
Street Address: One Bartholomew Lane
City, State, Zip: London EC2N 2AB
ENGLAND

Title Code: D,V,S
Name: Joyce Wethington Wheeler
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V
Name: Sean Antony Beatty
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V
Name: David Michael Davenport
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V,T
Name: Lawrence W. Gowen
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V
Name: Alan Edward Kaliski
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V
Name: Elizabeth Jane McLaughlin
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: Assistant Corporate Secretary
Name: Linda Y. Pettigrew
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273