

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90086 043 ***150.00

DOCUMENT # 804966

1. Corporation Name

THE SEA INSURANCE COMPANY OF AMERICA

Principal Place of Business

ONE CHASE PLAZA
38TH FLOOR
NEW YORK NY 10005

Mailing Address

9300 ARROWPOINT BLVD
CHARLOTTE NC 28273
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1938

4. FEI Number

13-3635899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

TITLE **C** ☐ DELETE
NAME **MENDELSON, ROBERT VICTOR**
STREET ADDRESS **9300 ARROWPOINT BLVD.**
CITY-ST-ZIP **CHARLOTTE NC 28273**

TITLE **PD** ☐ DELETE
NAME **BRODERICK, TERRY**
STREET ADDRESS **9300 ARROWPOINT BLVD.**
CITY-ST-ZIP **CHARLOTTE NC 28273**

TITLE **D** ☐ DELETE
NAME **DUSZCENZUK, ANDREA**
STREET ADDRESS **2351 NORTH FOREST ROAD**
CITY-ST-ZIP **GETZVILLE NY 14068-1225**

TITLE **DV** ☐ DELETE
NAME **FISHER, JOSEPH F**
STREET ADDRESS **9300 ARROWPOINT BLVD.**
CITY-ST-ZIP **CHARLOTTE NC 28273**

TITLE **D** ☒ DELETE
NAME **HAYES, THOMAS ARTHUR**
STREET ADDRESS **ONE BARTHOLOMEW LANE**
CITY-ST-ZIP **LONDON, ENGLAND EC2N2AB**

TITLE **D** ☐ DELETE
NAME **KOGEL, V. MICHAEL**
STREET ADDRESS **TWO JERICHO PLAZA**
CITY-ST-ZIP **JERICHO NY 11753-0873**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SrV/D** ☐ Change ☒ Addition
1.2 NAME **McDonald, James D.**
1.3 STREET ADDRESS **9300 Arrowpoint Boulevard**
1.4 CITY-ST-ZIP **Charlotte, NC 28273**

2.1 TITLE **SrV/D** ☐ Change ☒ Addition
2.2 NAME **Simmons, Larry G.**
2.3 STREET ADDRESS **9300 Arrowpoint Boulevard**
2.4 CITY-ST-ZIP **Charlotte, NC 28273**

3.1 TITLE **SrV/D** ☐ Change ☒ Addition
3.2 NAME **Stewman, Paul H.**
3.3 STREET ADDRESS **9300 Arrowpoint Boulevard**
3.4 CITY-ST-ZIP **Charlotte, NC 28273**

4.1 TITLE **VSD** ☐ Change ☒ Addition
4.2 NAME **Wheeler, Joyce W.**
4.3 STREET ADDRESS **9300 Arrowpoint Boulevard**
4.4 CITY-ST-ZIP **Charlotte, NC 28273**

5.1 TITLE **TV** ☐ Change ☒ Addition
5.2 NAME **Gowen, Lawrence W.**
5.3 STREET ADDRESS **9300 Arrowpoint Boulevard**
5.4 CITY-ST-ZIP **Charlotte, NC 28273**

6.1 TITLE **V** ☐ Change ☒ Addition
6.2 NAME **Beatty, Sean A.**
6.3 STREET ADDRESS **9300 Arrowpoint Boulevard**
6.4 CITY-ST-ZIP **Charlotte, NC 28273**

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, with all other like empowered.

SIGNATURE: *Joyce W. Wheeler*

Joyce W. Wheeler, Corporate Secretary,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

704/522-2000

Daytime Phone #

CR2E034 (11/98)

0010287