

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 804966

1. Entity Name

THE SEA INSURANCE COMPANY OF AMERICA

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90026 019 ***150.00

Principal Place of Business

Mailing Address

ONE CHASE PLAZA
38TH FLOOR
NEW YORK NY 10005

9300 ARROWPOINT BLVD
CHARLOTTE NC 28273-8136
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3635899

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	MENDELSON, ROBERT VICTOR	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRODERICK, TERRY	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUSZCENCZUK, ANDREA	
STREET ADDRESS	2351 NORTH FOREST ROAD	
CITY-ST-ZIP	GETZVILLE NY 14068-1225	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FISHER, JOSEPH F	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	SRVD	<input type="checkbox"/> Delete
NAME	MCDONALD, JAMES D	
STREET ADDRESS	9300 ARROWPOINT BOULEVARD	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOGEL, V. MICHAEL	
STREET ADDRESS	TWO JERICHO PLAZA	
CITY-ST-ZIP	JERICHO NY 11753-0873	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fisher, Joseph F.	
STREET ADDRESS	9300 Arrowpoint Boulevard	
CITY-ST-ZIP	Charlotte, NC 28273	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McDonald, James D.	
STREET ADDRESS	9300 Arrowpoint Boulevard	
CITY-ST-ZIP	Charlotte, NC 28273	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. McDonald
James D. McDonald, Corporate Secretary

1/31/2000

Date

704/522-2000

Daytime Phone #

CR2E034 (9/99)