

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805067

FILED
Mar 28, 2006
Secretary of State

Entity Name: SEABOARD SURETY COMPANY

Current Principal Place of Business:

111 SCHILLING ROAD
HUNT VALLEY, MD 21031 US

New Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183 US

Current Mailing Address:

385 WASHINGTON STREET
MAIL CODE 515A
ST. PAUL, MN 55102 US

New Mailing Address:

FEI Number: 13-5379820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: LUKOW, TERRY
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

Title: P () Delete
Name: LUKOW, TERRY
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

Title: T () Delete
Name: RUSSELL, DOUGLAS K
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

Title: S () Delete
Name: BACKBERG, BRUCE A
Address: 385 WASHINGTON STREET
City-St-Zip: ST. PAUL, MN 55102 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: KUNKEL, THOMAS M
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

Title: D (X) Change () Addition
Name: MACLEAN, BRIAN W
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BESSETTE, ANDY
Address: 385 WASHINGTON STREET
City-St-Zip: ST. PAUL, MN 55102

Title: D () Change (X) Addition
Name: CHAMBERLAIN, DENNIS
Address: 499 THORNALL STREET
City-St-Zip: EDISON, NJ 08837

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE A. BACKBERG

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03/28/2006

Electronic Signature of Signing Officer or Director

Date