SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **857653** **(0)**

1. Corporation Name
SEABOARD UNDEWRITERS, INC.

Principal Place of Business	Mailing Address
2732 ANNE ELIZABETH DRIVE **P.O. BOX 659** **BURLINGTON NC 27215**	**2732 ANNE ELIZABETH DRIVE** **P.O. BOX 659** **BURLINGTON NC 27215**

3. Date Incorporated or Qualified: **09/07/1983**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **56-1377777** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, type or print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	11 TITLE	V	☐ Change ☒ Addition
NAME	HUTELMYER, JOSEPH P.		12 NAME	Conrad R. Jurgens	
STREET ADDRESS	812 KIMBERLY CT		13 STREET ADDRESS	3564 Winddale Lane	
CITY-ST-ZIP	BURLIGTON NC		14 CITY-ST-ZIP	Mebane, NC	
TITLE	S	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	KNOLLA, PETER A.		22 NAME		
STREET ADDRESS	9935 BROADMOOR ROAD		23 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		24 CITY-ST-ZIP		
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MACE, GEORGIA M.		32 NAME		
STREET ADDRESS	706 E MAPLE		33 STREET ADDRESS		
CITY-ST-ZIP	MISSOURI VALLEY IA		34 CITY-ST-ZIP		
TITLE	AV	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	COX, KATHY M		42 NAME		
STREET ADDRESS	2183 WALKER AVENUE		43 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NC		44 CITY-ST-ZIP		
TITLE	CEO	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	COON, KENNETH C.		52 NAME		
STREET ADDRESS	33334 PINE STREET		53 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph C. Hutelmyer 6-7-96 910-584-1465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #