

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000658

FILED
Mar 15, 2011
Secretary of State

Entity Name: SEAWORTHY INSURANCE COMPANY

Current Principal Place of Business:

147 OLD SOLOMON'S ISLAND RD.
SUITE 513
ANNAPOLIS, MD 21401

New Principal Place of Business:

Current Mailing Address:

880 S PICKETT STREET
ALEXANDRIA, VA 22304

New Mailing Address:

FEI Number: 52-1658500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, VIRGINIA L
6255 LAKE GRAY BLVD., SUITE 4
JACKSONVILLE, FL 32244 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

OFFICERS AND DIRECTORS:

Title: CHRM
Name: OAKERSON, WILLIAM M
Address: 880 S. PICKETT ST.
City-St-Zip: ALEXANDRIA, VA 22304

Title: P
Name: HOLLER, JAMES B
Address: 880 S. PICKETT ST.
City-St-Zip: ALEXANDRIA, VA 22304

Title: VP
Name: ROBERTSON, CARROLL C
Address: 880 S. PICKETT ST.
City-St-Zip: ALEXANDRIA, VA 22304

Title: S
Name: MATEY, EVELYN A
Address: 880 S. PICKETT ST.
City-St-Zip: ALEXANDRIA, VA 22304

Title: T
Name: POMPONI, FELIX J
Address: 880 S. PICKETT ST.
City-St-Zip: ALEXANDRIA, VA 22304

Title: AVP
Name: RATHBUN, RODNEY L
Address: 3024 HARNEY STREET
City-St-Zip: OMAHA, NE 68131

I hereby 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 all other like empowered.

SIGNATURE: RODNEY L RATHBUN

AVP

03/15/2011

Electronic Signature of Signing Officer or Director

Date