

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39194

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** SEVEN SEAS INSURANCE COMPANY, INC.

**Current Principal Place of Business:**

5 EAST 11TH STREET  
RIVIERA BEACH, FL 334046902

**New Principal Place of Business:**

**Current Mailing Address:**

5 EAST 11TH STREET  
RIVIERA BEACH, FL 334046902

**New Mailing Address:**

TEN PEACHTREE PL NE  
LOCATION 1466  
ATLANTA, GA 30309

**FEI Number:** 65-0115930

**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 323990000 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:** D  
**Name:** SOMERHALDER, JOHN W II  
**Address:** TEN PEACHTREE PL NE - LOC 1466  
**City-St-Zip:** ATLANTA, GA 30309 US

**Title:** DC  
**Name:** EVANS, ANDREW W  
**Address:** TEN PEACHTREE PL NE - LOC 1466  
**City-St-Zip:** ATLANTA, GA 30309 US

**Title:** D  
**Name:** LINGINFELTER, HENRY P  
**Address:** TEN PEACHTREE PL NE - LOC 1466  
**City-St-Zip:** ATLANTA, GA 30309 US

**Title:** P  
**Name:** CULPEPPER, J. MICHAEL  
**Address:** TEN PEACHTREE PL NE - LOC 1466  
**City-St-Zip:** ATLANTA, GA 30309 US

**Title:** DVPS  
**Name:** SHLANTA, PAUL R  
**Address:** TEN PEACHTREE PL NE - LOC 1466  
**City-St-Zip:** ATLANTA, GA 30309 US

**Title:** DVP  
**Name:** WAGNER, PAUL I  
**Address:** TEN PEACHTREE PL NE - LOC 1466  
**City-St-Zip:** ATLANTA, GA 30309 US

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:** PAUL R. SHLANTA

DVPS

04/10/2012

Electronic Signature of Signing Officer or Director

Date