# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 12, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # P26864

1. Entity Name
SEABRIGHT INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 2101 4TH AVE<br>1600<br>SEATTLE, WA 98121 US | 2101 4TH AVE<br>1600<br>SEATTLE, WA 98121 US |

07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
43-1436329
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS $150.00**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | PASQUALETTO, JOHN G |
| STREET ADDRESS | 2101 4TH AVE |
| CITY-ST-ZIP | SEATTLE, WA 98121 |
| TITLE | VP |
| NAME | GERGASKO, RICH |
| STREET ADDRESS | 2101 4TH AVE |
| CITY-ST-ZIP | SEATTLE, WA 98121 |
| TITLE | S |
| NAME | DE VITA, JOE |
| STREET ADDRESS | 2101 4TH AVE |
| CITY-ST-ZIP | SEATTLE, WA 98121 |
| TITLE | T |
| NAME | DE VITA, JOE |
| STREET ADDRESS | 2101 4TH AVE |
| CITY-ST-ZIP | SEATTLE, WA 98121 |
| TITLE | D |
| NAME | CHUNG, PETER Y |
| STREET ADDRESS | 2101 4TH AVE |
| CITY-ST-ZIP | SEATTLE, WA 98121 |
| TITLE | D |
| NAME | CARTER, J. SCOTT |
| STREET ADDRESS | 2101 4TH AVE |
| CITY-ST-ZIP | SEATTLE, WA 98121 |

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07/12/04-80017-016 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joseph S. De Vita / Sr. VP & CFO July 1, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #