

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 555462

**Entity Name:** SAFEPORT INSURANCE COMPANY

**Current Principal Place of Business:**

4730 SR 64 EAST  
1ST FLOOR  
BRADENTON, FL 34208

**Current Mailing Address:**

P.O. BOX 9729  
BRADENTON, FL 34206 US

**FEI Number: 59-1786118**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C.F.O. FOR THE STATE OF FLORIDA  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 US

*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

**Officer/Director Detail :**

Title P, D  
Name PIRRUNG, DAVID GERALD  
Address 4200 SIX FORKS ROAD  
SUITE 1400  
City-State-Zip: RALEIGH NC 27609

Title S  
Name BLINSON, MICHAEL DAVID  
Address 4200 SIX FORKS ROAD  
SUITE 1400  
City-State-Zip: RALEIGH NC 27609

Title SVP  
Name SHIRAZI, BROOKE  
Address 4730 SR 64 EAST  
2ND FLOOR  
City-State-Zip: BRADENTON FL 34208

Title T  
Name MRUK, JOHN M.  
Address 4200 SIX FORKS ROAD  
SUITE 1400  
City-State-Zip: RALEIGH NC 27609

*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: MICHAEL BLINSON**

**SECRETARY**

**04/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date