2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2025
Secretary of State
4191390931CC

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Entity Name: SAFE HARBOR POLLUTION INSURANCE, LLC

Current Principal Place of Business:

66 WHITECAP DRIVE
NORTH KINGSTOWN, RI 02852

Current Mailing Address:

66 WHITECAP DRIVE
NORTH KINGSTOWN, RI 02852 US

FEI Number: 46-1908878

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title	MEMBER, MANAGING MEMBER	Title	MEMBER, MANAGING MEMBER
Name	FALVEY INSURANCE GROUP, LTD.	Name	BROWN, RUSSELL
Address	66 WHITECAP DRIVE	Address	66 WHITECAP DRIVE
City-State-Zip:	NORTH KINGSTOWN RI 02852	City-State-Zip:	NORTH KINGSTOWN RI 02852
Title	MEMBER, MANAGING MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	GERONE, ANTHONY	Name	DELYI, KRISTA
Address	66 WHITECAP DRIVE	Address	66 WHITECAP DRIVE
City-State-Zip:	NORTH KINGSTOWN RI 02852	City-State-Zip:	NORTH KINGSTOWN RI 02852

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTA N DELYI COMPLIANCE ASSOCIATE 04/08/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date