

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003492

Entity Name: SMITHWICK & MARINERS INSURANCE, INC.**Current Principal Place of Business:**366 U.S. ROUTE ONE
FALMOUTH, ME 04105**Current Mailing Address:**366 U.S. ROUTE ONE
FALMOUTH, ME 04105**FEI Number:** 01-0427908**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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**Officer/Director Detail :**

Title CHAI
Name SMITHWICK, STEPHEN M
Address 366 U.S. ROUTE ONE
City-State-Zip: FALMOUTH ME 04105

Title PRES
Name SMITHWICK, REGINALD HII
Address 366 U.S. ROUTE ONE
City-State-Zip: FALMOUTH ME 04105

Title VP
Name ROCHA, KEVIN D
Address 4 VALLEY DRIVE
City-State-Zip: NORTH DARTMOUTH MA 02748

Title SEC
Name SMITHWICK, CHRISTOPHER P
Address 366 U.S. ROUTE ONE
City-State-Zip: FALMOUTH ME 04105

Title TREA
Name SMITHWICK, CHRISTOPHER P
Address 366 U.S. ROUTE ONE
City-State-Zip: FALMOUTH ME 04105

Title DIRECTOR
Name SMITHWICK, STEPHEN M.
Address 366 U.S. ROUTE ONE
City-State-Zip: FALMOUTH ME 04105

Title DIRECTOR
Name SMITHWICK, CHRISTOPHER P.
Address 366 U.S. ROUTE ONE
City-State-Zip: FALMOUTH ME 04105

Title DIRECTOR
Name SMITHWICK, REGINALD H. II
Address 366 U.S. ROUTE ONE
City-State-Zip: FALMOUTH ME 04105

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: REGINALD H. SMITHWICK, II**PRESIDENT****04/05/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date