

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004806

**FILED**  
**Feb 04, 2015**  
**Secretary of State**  
**CC8638333425**

**Entity Name:** OCEANUS INSURANCE COMPANY, A RISK RETENTION GROUP

**Current Principal Place of Business:**

1327 ASHLEY RIVER ROAD  
BUILDING C, SUITE 200  
CHARLESTON, NC 29407

**Current Mailing Address:**

75 ISHAM ROAD  
SUITE 420  
WEST HARTFORD, CT 06107

**FEI Number:** 20-1066914

**Certificate of Status Desired:** No

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

KURTZ, RON  
200 SW FIRST AVENUE  
SUITE 900  
FORT LAUDERDALE, FL 33301 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 PD  
Name TETREAUULT, STEWART  
Address 1327 ASHLEY RIVER ROAD #200  
City-State-Zip: CHARLESTON NC 29407

Title VD  
Name KURTZ, RON  
Address 1327 ASHLEY RIVER ROAD #200  
City-State-Zip: CHARLESTON NC 29407

Title SD  
Name GRECO, SUSAN  
Address 1327 ASHLEY RIVER ROAD #200  
City-State-Zip: CHARLESTON NC 29407

Title TD  
Name SCHILLINGER, JEFFREY  
Address 1327 ASHLEY RIVER ROAD #200  
City-State-Zip: CHARLESTON NC 29407

*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:** STEWART E. TETREAUULT

**PRESIDENT**

**02/04/2015**

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

\_\_\_\_\_  
Date