

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26864

Entity Name: SEABRIGHT INSURANCE COMPANY**Current Principal Place of Business:**1501 4TH AVE
SUITE 2600
SEATTLE, WA 98101**Current Mailing Address:**1501 4TH AVE
SUITE 2600
SEATTLE, WA 98101 US**FEI Number:** 43-1436329**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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:** MAUREEN CATHELL

07/16/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	WALL, KARL J
Address	7901 4TH STREET NORTH SUITE 203
City-State-Zip:	ST. PETERSBURG FL 33702

Title	PRES
Name	MILLER, IAN
Address	1501 4TH AVE SUITE 2600
City-State-Zip:	SEATTLE WA 98101

Title	SEC
Name	BALKAN, THOMAS J
Address	7904 4TH STREET NORTH SUITE 203
City-State-Zip:	ST. PETERSBURG FL 33702

Title	CFO
Name	NICHOLS, THOMAS
Address	411 FIFTH AVENUE 5TH FLOOR
City-State-Zip:	NEW YORK NY 10016

Title	DIRECTOR
Name	DORE, JOHN A
Address	626 WEST JACKSON BOULEVARD SUITE 500
City-State-Zip:	CHICAGO IL 60661

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: THOMAS J. BALKAN

SECRETARY

07/16/2014

Electronic Signature of Signing Officer/Director Detail

Date