

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004806

**FILED**  
**Feb 15, 2017**  
**Secretary of State**  
**CC9809290832**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

OCEANUS INSURANCE COMPANY  
20200 WEST DIXIE HIGHWAY SUITE 1208  
AVENTURA, FL 33180 US

**FEI Number:** 20-1066914

**Certificate of Status Desired:** No

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

KURTZ, RON  
OCEANUS INSURANCE COMPANY  
20200 WEST DIXIE HIGHWAY SUITE 1208  
AVENTURA, FL 33180 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            PRESIDENT, DIRECTOR  
Name            KURTZ, RON  
Address        OCEANUS INSURANCE COMPANY  
                  20200 WEST DIXIE HIGHWAY SUITE  
                  1208  
City-State-Zip: AVENTURA FL 33180

Title            CHAIRMAN, TREASURER  
Name            SCHILLINGER, JEFFREY  
Address        OCEANUS INSURANCE COMPANY  
                  20200 WEST DIXIE HIGHWAY SUITE  
                  1208  
City-State-Zip: AVENTURA FL 33180

*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:** RON KURTZ

**PRESIDENT**

**02/15/2017**

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

\_\_\_\_\_  
Date