


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P26864 1. Entity Name SEABRIGHT INSURANCE COMPANY	
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Principal Place of Business 2101 4TH AVE 1600 SEATTLE, WA 98121 US	Mailing Address 2101 4TH AVE 1600 SEATTLE, WA 98121 US
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1436329	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASQUALETTO, JOHN G 2101 4TH AVE SEATTLE, WA 98121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERGASKO, RICH 2101 4TH AVE SEATTLE, WA 98121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE VITA, JOE 2101 4TH AVE SEATTLE, WA 98121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE VITA, JOE 2101 4TH AVE SEATTLE, WA 98121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUNG, PETER Y 2101 4TH AVE SEATTLE, WA 98121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, J. SCOTT 2101 4TH AVE SEATTLE, WA 98121

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07/12/04-80017-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph S. De Vita / Sr. VP & CFO

July 1, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #