

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P26864

1. Entity Name
SEABRIGHT INSURANCE COMPANY



Principal Place of Business

2101 4TH AVE
1600
SEATTLE, WA 98121 US

Mailing Address

2101 4TH AVE
1600
SEATTLE, WA 98121 US

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number

43-1436329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

N/A

N/A

N/A

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000007298107
04/11/05-80051-024 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME PASQUALETTO, JOHN G
STREET ADDRESS 2101 4TH AVE
CITY-ST-ZIP SEATTLE, WA 98121

TITLE VP
NAME GERGASKO, RICH
STREET ADDRESS 2101 4TH AVE
CITY-ST-ZIP SEATTLE, WA 98121

TITLE S
NAME DE VITA, JOE
STREET ADDRESS 2101 4TH AVE
CITY-ST-ZIP SEATTLE, WA 98121

TITLE T
NAME DE VITA, JOE
STREET ADDRESS 2101 4TH AVE
CITY-ST-ZIP SEATTLE, WA 98121

TITLE D
NAME CHUNG, PETER Y
STREET ADDRESS 2101 4TH AVE
CITY-ST-ZIP SEATTLE, WA 98121

TITLE D
NAME CARTER, J. SCOTT
STREET ADDRESS 2101 4TH AVE
CITY-ST-ZIP SEATTLE, WA 98121

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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)(i), 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:

Phil Romney

Phil Romney / VP Finance & PAO 1/13/05 206.269.8568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #