# 2015 FOREIGN PROFIT CORPORATION REINSTATEMENT

#### DOCUMENT# P26864

## Entity Name: SEABRIGHT INSURANCE COMPANY

# **Current Principal Place of Business:**

1501 4TH AVE SUITE 2700 SEATTLE, WA 98101

## **Current Mailing Address:**

1501 4TH AVE SUITE 2700 SEATTLE, WA 98101 US

### FEI Number: 43-1436329

### 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			10/26/2015
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	CEO	Title	PRES	
Name	WALL, KARL J	Name	MILLER, IAN	
Address	150 2ND AVENUE NORTH, SUITE 300	Address	1501 4TH AVE SUITE 2700	
City-State-Zip:	ST. PETERSBURG FL 33701	City-State-Zip:	SEATTLE WA 98101	
Title	SEC	Title	CFO	
Name	BALKAN, THOMAS J	Name	NICHOLS, THOMAS	
Address	150 2ND AVENUE NORTH, SUITE 300	Address	411 FIFTH AVENUE 5TH FLOOR	R
City-State-Zip:	ST. PETERSBURG FL 33701	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

10/26/2015

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

Date