

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P26864

**Entity Name:** SEABRIGHT INSURANCE COMPANY**Current Principal Place of Business:**190 SOUTH LASALLE STREET  
SUITE 1400  
CHICAGO, IL 60603**Current Mailing Address:**1501 4TH AVE  
SUITE 2700  
SEATTLE, WA 98101 US**FEI Number:** 43-1436329**Certificate of Status Desired:** Yes**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

03/31/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, CHAIRMAN  
Name BROCKMAN, PAUL MICHAEL JAMES  
Address 150 2ND AVENUE NORTH  
THIRD FLOOR  
City-State-Zip: ST. PETERSBURG FL 33701

Title VP  
Name MILLER, IAN  
Address 1501 4TH AVE  
SUITE 2700  
City-State-Zip: SEATTLE WA 98101

Title SECRETARY  
Name BALKAN, THOMAS J  
Address 150 2ND AVENUE NORTH  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33701

Title CFO, TREASURER, DIRECTOR  
Name NICHOLS, THOMAS J  
Address 150 2ND AVENUE NORTH  
THIRD FLOOR  
City-State-Zip: ST. PETERSBURG FL 33701

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

Title VP, DIRECTOR  
Name SEELINGER, RICHARD  
Address 1501 4TH AVENUE  
SUITE 2700  
City-State-Zip: SEATTLE WA 98101

Title VP, DIRECTOR  
Name REDPATH, ROBERT F  
Address 411 FIFTH AVENUE  
5TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title PRESIDENT, DIRECTOR  
Name MIU, JENNIFER  
Address 411 FIFTH AVENUE  
5TH FLOOR  
City-State-Zip: NEW YORK NY 10016

*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 BALKAN

SECRETARY

03/31/2016

Electronic Signature of Signing Officer/Director Detail

Date