

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 617263

FILED
Mar 24, 2009
Secretary of State

Entity Name: EQUITY INSURANCE UNDERWRITERS, INC.

Current Principal Place of Business:

1930 HARRISON STREET
SUITE 306
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

PO BOX 22-0046
HOLLYWOOD, FL 33022046 US

New Mailing Address:

FEI Number: 59-1894534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STENGEL, MARGARET J
1930 HARRISON STREET
SUITE 306
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STENGEL, MARGARET JA, CQUELYN
Address: 3501 NORTH 54TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: STENGEL, JOHN H.
Address: 3501 NORTH 54TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARGARET JACQUELYN STENGEL

PD

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date