

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74745

FILED
Mar 23, 2009
Secretary of State

Entity Name: AEQUICAP PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

3000 WEST CYPRESS CREEK RD.
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3000 WEST CYPRESS CREEK RD.
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 59-2581466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: C () Delete
Name: MORGAMAN, PHILIP E
Address: 3000 WEST CYPRESS CREEK RD.
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DCEO () Delete
Name: STEPHENSON, MARK
Address: 3000 WEST CYPRESS CREEK RD.
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: NICHOLS, NEAL
Address: 3251 WASHINGTON BLVD.
City-St-Zip: ARLINGTON, VA 22201

Title: SVTD () Delete
Name: GARDNER, DEBORAH S
Address: 3000 WEST CYPRESS CREEK RD.
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VS () Delete
Name: JONES, MATTHEW T
Address: 3000 WEST CYPRESS CREEK RD.
City-St-Zip: FORT LAUDERDALE, FL 33309

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: PCOO () Change (X) Addition
Name: ROBERTS, JAMES E
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL 33309

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: MATTHEW T. JONES

V

03/23/2009

Electronic Signature of Signing Officer or Director

Date

3-23-09

AEQUICAP PROPERTY AND CASUALTY INSURANCE COMPANY
ADDITIONAL DIRECTORS AND OFFICERS:
Document Number H74745

Title: VP
Name: Marilyn Peterson
Street Address: 3000 W. Cypress Creek Rd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: VP
Name: Nicole Boodram
Street Address: 3000 W. Cypress Creek Rd.
City-St-Zip: Ft. Lauderdale, Florida 33309