

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 582277

FILED  
Jan 20, 2012  
Secretary of State

Entity Name: CAPITAL ASSURANCE COMPANY, INC.

## Current Principal Place of Business:

7901 4TH STREET NORTH  
SUITE 203  
ST. PETERSBURG, FL 33702

## New Principal Place of Business:

7901 4TH STREET NORTH  
SUITE 203  
ST. PETERSBURG, FL 33702 US

## Current Mailing Address:

7901 4TH STREET NORTH  
SUITE 203  
ST. PETERSBURG, FL 33702

## New Mailing Address:

7901 4TH STREET NORTH  
SUITE 203  
ST. PETERSBURG, FL 33702 US

FEI Number: 59-1847174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALKAN, THOMAS J S  
7901 4TH STREET NORTH  
SUITE 203  
ST. PETERSBURG, FL 33702 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

## OFFICERS AND DIRECTORS:

Title: CEO  
Name: WALL, KARL J  
Address: 7901 4TH STREET NORTH, SUITE 203  
City-St-Zip: ST. PETERSBURG, FL 33702 US

Title: T/P  
Name: CARLSON, ROBERT  
Address: 475 KILVERT STREET SUITE 330  
City-St-Zip: WARWICK, RI 02886 US

Title: SVP  
Name: GIANNETTA, ANDREA VP/D  
Address: 475 KILVERT STREET SUITE 330  
City-St-Zip: WARWICK, RI 02886 US

Title: D  
Name: STOLZ, DONNA VP/D  
Address: 7901 4TH STREET NORTH, SUITE 203  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: SVP  
Name: GRAJEWSKI, JAMES  
Address: 7901 4TH STREET NORTH, SUITE 203  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: S  
Name: BALKAN, THOMAS J S  
Address: 7901 4TH STREET NORTH, SUITE 203  
City-St-Zip: ST. PETERSBURG, FL 33702

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: ROBERT CARLSON

T/D

01/20/2012

Electronic Signature of Signing Officer or Director

Date