

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90125 020 ***150.00

DOCUMENT # 829113

1. Entity Name

CAPITOL INDEMNITY CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4610 University Avenue

3. Mailing Address
P.O. Box 5900

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Madison, WI

City & State
Madison, WI

4. FEI Number
39-0971527

Applied For
Not Applicable

Zip
53705

Country

Zip
53705-0900

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mills, E.A. "Seth" Jr.

Street Address(P.O. Box Number is Not Acceptable)

100 N. Tampa Street

Suite 2010

City
Tampa

FL

Zip Code
33602

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/05

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Ceo Pauly, David F. 4610 University Avenue Madison WI 53705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer & CFO Taransky, Frederick M. 4610 University Avenue Madison WI 53705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President & COO McIntyre, James J. 4610 University Avenue Madison WI 53705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Secretary Ogilvie, Alan S. 4610 University Avenue Madison WI 53705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Claims Lawson, Kent R. 4610 University Avenue Madison WI 53705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Information Systems Lethem, Walter R. 4610 University Avenue Madison WI 53705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

David F. Pauly

4/28/05

Date

(608) 232-5650

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAPITOL INDEMNITY CORPORATION-39-0971527-V107-04/28/2005-11:11:42-AM