

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90377 006 ***150.00

DOCUMENT # 829113

1. Entity Name

Capitol Indemnity Corporation



DO NOT WRITE IN THIS SPACE

60024371

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1600 Aspen Commons Suite, Apt. #, etc.		3. Mailing Address 1600 Aspen Commons Suite, Apt. #, etc.	
City & State Middleton, WI Zip 53562		City & State Middleton, WI Zip 53562	
Country		Country	
4. FEI Number 39-0971527		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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

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)

March 15, 2006

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	CEO Pauly, David F P.O. Box 5900 Madison WI 53705-0900	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & COO McIntyre, James J. P.O. Box 5900 Madison WI 53705-0900	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer & CFO Taransky, Frederick M P.O. Box 5900 Madison WI 53705-0900	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Secretary Ogilvie, Alan S P.O. Box 5900 Madison WI 53705-0900	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President-Claims Lawson, Kent R. P.O. Box 5900 Madison WI 53705-0900	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President-Information Systems Lethem, Walter R. P.O. Box 5900 Madison WI 53705-0900	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 2006

Date

(608) 829-6910

Daytime Phone #