


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90051 011 \*\*\*150.00

<b>DOCUMENT # H74745</b> 1. Entity Name <b>AEQUICAP PROPERTY AND CASUALTY INSURANCE COMPANY</b>					
Principal Place of Business <b>3000 WEST CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309</b>			Mailing Address <b>3000 WEST CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>59-2581466</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MORGAMAN, PHILIP E 3000 WEST CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENSON, MARK 3000 WEST CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, C O O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, NEAL 3251 WASHINGTON BLVD. ARLINGTON, VA 22201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD SPRUCE, WILLIAM D 3000 WEST CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT GARDNER, DESORAH S 3000 WEST CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, T, CFO GARDNER, DEBORAH S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JONES, MATTHEW T 3000 WEST CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James E. Roberts</u> <span style="float: right;">2/2/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**ATTACHMENT** 40023516  
#H74745

**AEQUICAP PROPERTY AND CASUALTY INSURANCE COMPANY**  
**ADDITIONAL DIRECTORS AND OFFICERS:**

Title: P  
Name: James E. Roberts  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: SVP  
Name: Joseph A. Matteis  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

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