


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90019 005 \*\*\*150.00

<b>DOCUMENT # H85126</b> 1. Entity Name <b>AEQUICAP INSURANCE COMPANY</b>					
Principal Place of Business <b>3000 W CYPRESS CREEK RD FT. LAUDERDALE, FL 33309</b>			Mailing Address <b>P.O. BOX 9088 FT. LAUDERDALE, FL 33310</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2599788</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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, 2006 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENSON, MARK 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MORGAMAN, PHILIP E. 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAMAN, JUSTIN 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, NEAL 3251 WASHINGTON BLVD ARLINGTON, VA 22201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GARDNER, DEBORAH S 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPRUCE, WILLIAM D 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.					
<b>SIGNATURE:</b> <u>Matthew T. Jones</u> <b>Matthew T. Jones</b> 2/19/06 957 492 6565					

**50000672**



02022006 Chg-P CR2E034 (11/05)

ATTACHMENT

50000672

# A85126

Title: V  
Name: Paul Chabarek  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Brittany Rodgers  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Chris Lovisone  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

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

Title: V  
Name: John Pecoraro  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Susan M. Plochoki  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

# ATTACHMENT

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## AEQUICAP INSURANCE COMPANY, INC. ADDITIONAL DIRECTORS AND OFFICERS:

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

Title: V,S  
Name: Matthew T. Jones  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

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

Title: D  
Name: Charlie King  
Street Address: 3251 Washington Blvd.  
City-St-Zip: Arlington, VA 22201

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

Title: V  
Name: Norm Baker  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Chris Parkinson  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Dawn Duxbury  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: John Reynolds  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309