


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-26-2007 90051 012 ***150.00

DOCUMENT # H85126 1. Entity Name AEQUICAP INSURANCE COMPANY					
Principal Place of Business 3000 W CYPRESS CREEK RD FT. LAUDERDALE, FL 33309			Mailing Address P.O. BOX 9088 FT. LAUDERDALE, FL 33310		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02162007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-2599788	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEPHENSON, MARK 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, C O O
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC MORGAMAN, PHILIP E. 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	<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	D MORGAMAN, JUSTIN 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	<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	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	DVTC GARDNER, DEBORAH S 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, SUP, T, CFO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SPRUCE, WILLIAM D 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		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.					
SIGNATURE: <u>James C. Rotondo</u> <u>2/26/07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT 40023515 #H85126

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

ATTACHMENT

40023515

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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