


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90022 011 ***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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



02052008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2599788

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

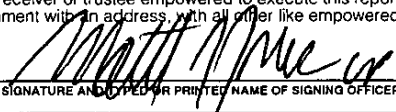
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STEPHENSON, MARK 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
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	D MORGAMAN, JUSTIN 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
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	DST GARDNER, DEBORAH S 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPRUCE, WILLIAM D 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, SUP, CFO, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Matthew J. Smith**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/21/08** Daytime Phone #

ATTACHMENT

60042690

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AEQUICAP INSURANCE COMPANY ADDITIONAL DIRECTORS AND OFFICERS:

Title: P,COO
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: 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

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

ATTACHMENT

~~60042690~~
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Title:
Name:
Street Address:
City-St-Zip:

V
John Pecoraro
3000 W. Cypress Creek Rd.
Ft. Lauderdale, Florida 33309

Title:
Name:
Street Address:
City-St-Zip:

V
Susan M. Plochoki
3000 W. Cypress Creek Rd.
Ft. Lauderdale, Florida 33309