2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H85126

Entity Name: AEQUICAP INSURANCE COMPANY

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:			
	PRESS CREE RDALE, FL 33						
Current Mailing Address:			New Mailin	New Mailing Address:			
P.O. BOX 9 FT. LAUDE	088 RDALE, FL 33	3310					
FEI Number:	59-2599788	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desire	ed ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	New Registered Agent:		
P O BOX 62 200 E. GAIN TALLAHAS	SEE, FL 3239 named entity s	00)	pose of changing its	s registered c	office or registered agent,	or both,	
SIGNATUR		<u> </u>					
Fl 4: 0		c Signature of Registered Agent			Date		
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DCEO () STEPHENSON, I 3000 W CYPRE FORT LAUDERE	SS CREEK RD	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	C () MORGAMAN, PH 3000 W CYPRE FORT LAUDERE	SS CREEK RD	Title: Name: Address: City-St-Zip:	()) Change()Addition		
Title: Name: Address: City-St-Zip:	D () MORGAMAN, JU 3000 W CYPRE FORT LAUDERE	SS CREEK RD	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	D () NICHOLS, NEAL 3251 WASHING ARLINGTON, VA	TON BLVD	Title: Name: Address: City-St-Zip:	()) Change()Addition		
Title: Name: Address: City-St-Zip:	DSVT () GARDNER, DEB 3000 W CYPRE FORT LAUDERE	SS CREEK RD	Title: Name: Address: City-St-Zip:	()) Change()Addition		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	ROBERTS, JAN 3000 W CYPR) Change (X) Addition MES E ESS CREEK RD RDALE, FL 33309		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW T. JONES V 03/24/2009

AEQUICAP INSURANCE COMPANY ADDITIONAL DIRECTORS AND OFFICERS:

Document number: 1185126

Title:

Name:

Title: Name:

Street Address:

City-St-Zip:

3000 W. Cypress Creek Rd. Ft. Landerdale, Florida 33309

V.S

Charlie King

Matthew T. Jones

Street Address: City-St-Zîp:

3251 Washington Bivd. Arlington, VA 22201

Title:

Name:

Street Address: City-St-Zip:

Marilyn Peterson

3000 W. Cypress Creek Rd. Pt. Lauderdale, Florida 33309

Title:

Name:

Street Address: City-St-Zip:

Norm Baker

3000 W. Cypress Creek Rd. Ft. Lauderdale, Florida 33309

Title:

Name:

Street Address:

City-St-Zip:

SVP

Chris Parkinson 3000 W. Cypress Creek Rd.

Ft. Lauderdale, Florida 33309

Title:

Name:

Street Address: City-St-Zip:

V

Dawn Duxbury 3000 W. Cypress Creek Rd.

Ft. Lauderdale, Florida 33309

Title:

Name:

Street Address: City-St-Zip:

Brittany Rodgers

3000 W. Cypress Creek Rd. Ft. Lauderdale, Florida 33309

Title:

Name:

Street Address: City-St-Zip:

SVP

Nicole Boodram

3000 W. Cypress Creek Rd. Ft. Lauderdale, Florida 33309

Title:

Name:

V

Street Address: City-St-Zip:

John Pecoraro 3000 W. Cypress Creek Rd. Pt. Laudordale, Florida 33309 Document number: 1185126

Title:

Name: Street Address: City-St-Zip:

2dHT

Name: Street Address City-St-Zip:

Susan M. Plochoki 3000 W. Cypross Crock Rd. Ft. Lauderdale, Florida 33309

V Brudford St. Pierre 3000 W. Cypress Creek Rd. 51. Lauderdale, Florida 33309