

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H85126

FILED
Apr 30, 2010
Secretary of State

Entity Name: AEQUICAP INSURANCE COMPANY

Current Principal Place of Business:

3000 W CYPRESS CREEK RD
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9088
FT. LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 59-2599788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO
Name: STEPHENSON, MARK
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: C
Name: MORGAMAN, PHILIP E.
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D
Name: KING, CHARLES O
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D
Name: NICHOLS, NEAL
Address: 3251 WASHINGTON BLVD
City-St-Zip: ARLINGTON, VA 22201

Title: DSVT
Name: GARDNER, DEBORAH S
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: P
Name: JONES, MATTHEW T
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW T. JONES

P

04/30/2010

Electronic Signature of Signing Officer or Director

_____ Date

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4-30-10

**Additional Directors and Officers
of
AEQUICAP INSURANCE COMPANY**

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Title: **D**
Name: **RAFAEL C. QUINTERO**
Street Address: **3000 W. CYPRESS CREEK ROAD**
City-St-Zip: **FORT LAUDERDALE, FL 33309**

Title: **VP**
Name: **JOHN R. PECORARO**
Street Address: **3000 W. CYPRESS CREEK ROAD**
City-St-Zip: **FORT LAUDERDALE, FL 33309**

Title: **VP**
Name: **MARILYN J. PETERSON**
Street Address: **3000 W. CYPRESS CREEK ROAD**
City-St-Zip: **FORT LAUDERDALE, FL 33309**

Title: **VP**
Name: **BRITTANY E. RODGERS**
Street Address: **3000 W. CYPRESS CREEK ROAD**
City-St-Zip: **FORT LAUDERDALE, FL 33309**

Title: **VP**
Name: **NORMAN H. BAKER**
Street Address: **3000 W. CYPRESS CREEK ROAD**
City-St-Zip: **FORT LAUDERDALE, FL 33309**

Title: **VP**
Name: **BRADFORD ST. PIERRE**
Street Address: **3000 W. CYPRESS CREEK ROAD**
City-St-Zip: **FORT LAUDERDALE, FL 33309**