

# 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

H85126  
4-30-10

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

**DOCUMENT# H85126**

**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**