2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2012
Secretary of State

DOCUMENT# J12109

Entity Name: CAPACITY INSURANCE COMPANY

Current Principal Place of Business:

1300 SAWGRASS CORPORATE PKWY
STE 300
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

PO BOX 451419
SUNRISE, FL 33345 US

New Mailing Address:

FEI Number: 59-2790499 **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 32399 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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: BULLINGTON, DOUGLAS W
Address: 1300 CORPORATE PKWY, STE 300
City-St-Zip: SUNRISE, FL 33323 US

Title: DP
Name: TROMER, KEVIN M
Address: 1300 CORPORATE PKWY, STE 300
City-St-Zip: SUNRISE, FL 33323 US

Title: TCFO
Name: BLAKE, JAMES W JR.
Address: 1300 CORPORATE PKWY, STE 300
City-St-Zip: SUNRISE, FL 33323 US

Title: DVPS
Name: TERZER, RONALD S
Address: 1300 CORPORATE PKWY, STE 300
City-St-Zip: SUNRISE, FL 33323 US

Title: D
Name: ROGAN, THOMAS B SR
Address: 1300 CORPORATE PKWY, STE 300
City-St-Zip: SUNRISE, FL 33323 US

Title: D
Name: GALLOWAY, AMY J ESQ
Address: 1300 CORPORATE PKWY, STE 300
City-St-Zip: SUNRISE, FL 33323 US

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: RONALD TERZER S 02/22/2012

Electronic Signature of Signing Officer or Director Date

J12109
2/22/12

Via Fax: 850-245-6017

2012 Annual Report for Capacity Insurance Company

Document Number J12109

Please include the following officer to the Annual Report record:

Steinman, Michael A. – VP
1300 Sawgrass Corporate Parkway
Suite 300
Sunrise, FL 33323

Whitlock, Orion, P. – VP
1300 Sawgrass Corporate Parkway
Suite 300
Sunrise, FL 33323

Brauer, William, K. – VP
1300 Sawgrass Corporate Parkway
Suite 300
Sunrise, FL 33323