

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000165637

FILED
Oct 18, 2006
Secretary of State**Entity Name:** NORTHERN CAPITAL INSURANCE COMPANY**Current Principal Place of Business:**7200 CORPORATE CENTER DRIVE
SUITE 505
MIAMI, FL 33126**New Principal Place of Business:****Current Mailing Address:**7200 CORPORATE CENTER DRIVE
SUITE 505
MIAMI, FL 33126**New Mailing Address:****FEI Number:** 20-1269516**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIGIORGIO, MARIA L
7200 CORPORATE CENTER DRIVE
SUITE 505
MIAMI, FL 33126 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: D (X) Delete
Name: FERNANDEZ, ALBERT
Address: 15782 SW 91ST ST.
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: FLETCHER, WAYNE
Address: 1163 PEREGRINE WAY
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: LAURIE, JOHN C
Address: 10804 RIVERBANK TERR.
City-St-Zip: BRADENTON, FL 34212

Title: D () Delete
Name: MIGUELEZ, JUAN C
Address: 10410 SW 128TH PLACE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: DIGIORGIO, MARIA L ESQ.
Address: 1830 MERIDIAN AVENUE., UNIT 201
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JC MIGUELEZ

D

10/18/2006

Electronic Signature of Signing Officer or Director

Date