

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093773

FILED
Apr 30, 2010
Secretary of State

Entity Name: AEQUICAP INSURANCE AGENCY, INC.

Current Principal Place of Business:

3000 W CYPRESS CREEK RD
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3000 W CYPRESS CREEK RD
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0626238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, MATTHEW T ESQ`
3000 W CYPRESS CREEK RD
FT LAUDERDALE, FL 33309 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: C
Name: MORGAMAN, PHILIP E
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FT. LAUDERDALE, FL 33309

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

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

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

Title: DSVT
Name: GARDNER, DEBORAH S
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FT 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

**Additional Directors and Officers
of
AEQUICAP INSURANCE AGENCY, INC.**

P95000093773

4-30-10

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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 P. CLAXTON
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