

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080477

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** AEQUICAP RISK MANAGERS, INC.

**Current Principal Place of Business:**

3000 W CYPRESS CREEK RD  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3000 W CYPRESS CREEK RD  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 65-1063196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, MATHEW T  
3000 W CYPRESS CREEK RD  
FORT 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:** 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:** NICHOLS, NEIL C  
**Address:** 3251 WASHINGTON BLVD.  
**City-St-Zip:** ARLINGTON, VA 22201

**Title:** D  
**Name:** MORGAMAN, JUSTIN  
**Address:** 3000 W CYPRESS CREEK RD  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

**Title:** DSVP  
**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

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

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**Additional Directors and Officers  
of  
AEQUICAP RISK MANAGERS, INC.**

**DOCUMENT# P99000080477**

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

**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**