2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2024
Secretary of State
9386978054CC

DOCUMENT# J12109

Entity Name: CAPACITY INSURANCE COMPANY

Current Principal Place of Business:

1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR
SUNRISE, FL 33323

Current Mailing Address:

PO BOX 451419
SUNRISE, FL 33345 US

FEI Number: 59-2790499

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	ASST. SECRETARY, DIRECTOR
Name	MCGUIRE, ANDREW	Name	KURTZ, JOSEPH A
Address	PO BOX 451419	Address	PO BOX 451419
City-State-Zip:	SUNRISE FL 33345	City-State-Zip:	SUNRISE FL 33345
Title	SECRETARY, DIRECTOR	Title	DIRECTOR
Name	MURPHY, BRIAN	Name	FIETE, STEPHEN
Address	PO BOX 451419	Address	PO BOX 451419
City-State-Zip:	SUNRISE FL 33345	City-State-Zip:	SUNRISE FL 33345

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: BRIAN MURPHY SECRETARY 02/01/2024

Electronic Signature of Signing Officer/Director Detail — Date