

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J12109

**Entity Name:** CAPACITY INSURANCE COMPANY**Current Principal Place of Business:**1300 SAWGRASS CORPORATE PKWY  
STE 300  
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:**CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 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 CHAIRMAN, CEO  
Name BULLINGTON, DOUGLAS W  
Address 1300 SAWGRASS CORPORATE PKWY  
STE 300  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR, CFO, TREASURER  
Name BLAKE, JAMES W JR.  
Address 1300 SAWGRASS CORPORATE PKWY  
STE 300  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name ROGAN, THOMAS B SR.  
Address 1300 SAWGRASS CORPORATE PKWY  
STE 300  
City-State-Zip: SUNRISE FL 33323

Title COO, EXECUTIVE VICE PRESIDENT  
Name STEINMAN, MICHAEL A  
Address 1300 SAWGRASS CORPORATE PKWY  
STE 300  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR, PRESIDENT  
Name TROMER, KEVIN M  
Address 1300 SAWGRASS CORPORATE PKWY  
STE 300  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR, SECRETARY, SENIOR  
VICE PRESIDENT  
Name TERZER, RONALD S  
Address 1300 SAWGRASS CORPORATE PKWY  
STE 300  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name GALLOWAY, AMY ESQ.  
Address 1300 SAWGRASS CORPORATE PKWY  
STE 300  
City-State-Zip: SUNRISE FL 33323

Title SENIOR VICE PRESIDENT  
Name WHITLOCK, ORION P  
Address 1300 SAWGRASS CORPORATE PKWY  
STE 300  
City-State-Zip: SUNRISE FL 33323

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*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****SECRETARY****02/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | SENIOR VICE PRESIDENT                   |
| Name            | BRAUER, WILLIAM K                       |
| Address         | 1300 SAWGRASS CORPORATE PKWY<br>STE 300 |
| City-State-Zip: | SUNRISE FL 33323                        |