## 2022 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Apr 26, 2022

Secretary of State

8608824703CC

Officer/Director Detail:

Title DIRECTOR, CHAIRMAN OF THE Title **DIRECTOR** 

**BOARD** 

Name LEVY. EDWARD ALAN TROMER, KEVIN M Name

Address 1300 SAWGRASS CORPORATE PKWY

**STE 300** 

SUNRISE FL 33323

SUITE 300 SUNRISE FL 33323 City-State-Zip:

PARKWAY

1300 SAWGRASS CORPORATE

Address

Title **DIRECTOR** Title

Name ELKIN. STEVEN C Name MACARI, DAVID

1300 SAWGRASS CORPORATE PKWY Address 1300 SAWGRASS CORPORATE PKWY Address STE 300

STE 300

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title PRESIDENT, CEO, DIRECTOR Title SECRETARY

Name MCGUIRE, ANDREW Name KURTZ, JOSEPH A

Address 1300 SAWGRASS CORPORATE PKWY Address 1300 SAWGRASS CORPORATE PKWY

**STE 300** STE 300

SUNRISE FL 33323 City-State-Zip: City-State-Zip: SUNRISE FL 33323

Title PRESIDENT, DIRECTOR OPERATING PARTNER Title

TRIMBLE, ROBERT LINCOLN JR. Name Name RUHANA, GEORGE

1300 SAWGRASS CORPORATE PKWY Address 1300 SAWGRASS CORPORATE PKWY Address **STE 300** 

STE 300

SUNRISE FL 33323 City-State-Zip: 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.

04/26/2022 SIGNATURE: ANDREW MCGUIRE PRESIDENT, CEO

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title AUTHORIZED OFFICER
Name FRANKLIN, DEBORAH

Address 1300 SAWGRASS CORPORATE PKWY

STE 300

City-State-Zip: SUNRISE FL 33323

Title DIRECTOR

Name GOODWIN, PAUL

Address 1300 SAWGRASS CORPORATE PKWY

STE 300

City-State-Zip: SUNRISE FL 33323

Title CFO, TREASURER

Name MORRIS, SEAN

Address 1300 SAWGRASS CORPORATE PKWY

STE 300

City-State-Zip: SUNRISE FL 33323