

2023 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	DIRECTOR
Name	LEVY, EDWARD ALAN
Address	1300 SAWGRASS CORPORATE PARKWAY SUITE 300
City-State-Zip:	SUNRISE FL 33323

Title	SECRETARY
Name	KURTZ, JOSEPH A
Address	1300 SAWGRASS CORPORATE PKWY STE 300
City-State-Zip:	SUNRISE FL 33323

Title	PRESIDENT, CEO, DIRECTOR
Name	MCGUIRE, ANDREW
Address	1300 SAWGRASS CORPORATE PKWY STE 300
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR
Name	MURPHY, BRIAN
Address	1300 SAWGRASS CORPORATE PKWY STE 300
City-State-Zip:	SUNRISE FL 33323

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: ANDREW MCGUIRE

PRESIDENT AND CEO

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date