

2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

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 ASST. SECRETARY, DIRECTOR
Name KURTZ, JOSEPH A
Address PO BOX 451419
City-State-Zip: SUNRISE FL 33345

Title SECRETARY, DIRECTOR
Name MURPHY, BRIAN
Address PO BOX 451419
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

08/12/2024

Electronic Signature of Signing Officer/Director Detail

Date