

2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P10000103127

Entity Name: CAPITAL INSURANCE HOLDINGS, INC.**Current Principal Place of Business:**1425 E PIEDMONT DRIVE
SUITE 301
TALLAHASSEE, FL 32308**Current Mailing Address:**1425 E PIEDMONT DRIVE
SUITE 301
TALLAHASSEE, FL 32308 US**FEI Number:** 27-4483283**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOORE, DOUGLAS W
1425 E. PIEDMONT DRIVE
SUITE 301
TALLAHASSEE, FL 32308 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:** DOUGLAS W. MOORE

12/11/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN OF THE BOARD,
DIRECTOR

Name MOORE, DAVID M SR.

Address 1425 E PIEDMONT DR
SUITE 301

City-State-Zip: TALLAHASSEE FL 32308

Title EXECUTIVE VICE PRESIDENT,
DIRECTOR

Name MOORE, DAVID M JR

Address 1425 E PIEDMONT DRIVE
SUITE 301

City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT, CEO, DIRECTOR

Name MOORE, DOUGLAS W

Address 1425 E PIEDMONT DRIVE
SUITE 301

City-State-Zip: TALLAHASSEE FL 32308

Title TREASURER

Name CATNEY, BARBARA E

Address 1425 E PIEDMONT DRIVE
SUITE 301

City-State-Zip: TALLAHASSEE FL 32308

Title CORPORATE SECRETARY

Name KEYSER, CHRISTINA A

Address 1425 E PIEDMONT DRIVE
SUITE 301

City-State-Zip: TALLAHASSEE FL 32308

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: CHRISTINA KEYSER**CORPORATE
SECRETARY**

12/11/2018

Electronic Signature of Signing Officer/Director Detail

Date