

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001038

Entity Name: EJA/CAPACITY INSURANCE AGENCY LLC

Current Principal Place of Business:

217 ROUTE 130
BORDENTOWN, NJ 08505

Current Mailing Address:

217 ROUTE 130
BORDENTOWN, NJ 08505 US

FEI Number: 27-1510399

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title EVP
Name GERSON, CARL
Address 1 BLUE HILL PLAZA
City-State-Zip: PEARL RIVER NY 10965

Title PRESIDENT
Name ALOI, ERIC
Address 217 ROUTE 130
City-State-Zip: BORDENTOWN NJ 08505

Title EVP
Name O'NEIL, THOMAS
Address 1 BLUE HILL PLAZA
City-State-Zip: PEARL RIVER NY 10965

Title EVP
Name WALSH, DENISE
Address 1 BLUE HILL PLAZA
City-State-Zip: PEARL RIVER NY 10965

Title TREASURER
Name CHAN, KARMAN
Address 3000 EXECUITVE PARKWAY
 SUITE 325
City-State-Zip: SAN RAMON CA 94583

Title SECRETARY
Name CRAWFORD, DANIEL
Address 2000 ALAMEDA DE LAS PUGLAS
 SUITE 101
City-State-Zip: SAN MATEO CA 94403

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARL GERSON

EVP

01/14/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date