

**2022 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**

**04/07/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date