## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004416

Entity Name: ASSUREDPARTNERS CAPITAL, INC.

**Current Principal Place of Business:** 

200 COLONIAL CENTER PARKWAY

SUITE 150

LAKE MARY, FL 32476

**Current Mailing Address:** 

200 COLONIAL CENTER PARKWAY

SUITE 150

LAKE MARY, FL 32476

FEI Number: 45-2712335 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

Name

Title

CURTIS, DEAN

Officer/Director Detail:

Title DIRECTOR, CHAIRMAN, CEO Title DIRECTOR, PRESIDENT, COO,

SECRETARY HENDERSON, JIM W Name

Name RILEY. THOMAS E Address 200 COLONIAL CENTER PARKWAY

Address 200 COLONIAL CENTER PARKWAY SUITE 150

SUITE 150 LAKE MARY FL 32476

City-State-Zip: City-State-Zip: LAKE MARY FL 32476

Title SR. VP, ASST. SECRETARY

Title SR. VP, CFO, TREASURER VREDENBURG, PAUL Name

200 COLONIAL CENTER PARKWAY Address 200 COLONIAL CENTER PARKWAY Address

SUITE 150 SUITE 150

LAKE MARY FL 32476 City-State-Zip: LAKE MARY FL 32476 City-State-Zip:

Title SR. VP

CHIEF CORPORATE COUNSEL ANDERSON, ERIC Name

KINNETT, STANLEY K II Name 200 COLONIAL CENTER PARKWAY Address

200 COLONIAL CENTER PARKWAY Address SUITE 150

SUITE 150 LAKE MARY FL 32476 City-State-Zip:

City-State-Zip: LAKE MARY FL 32476

Title CHIEF COUNSEL, EXEC. VP Title SR VP

Name SMITH, WALTER L DEAL, STEVEN C Name

Address 200 COLONIAL CENTER PARKWAY 200 COLONIAL CENTER PARKWAY Address SUITE 150

SUITE 150 LAKE MARY FL 32476

City-State-Zip: City-State-Zip: LAKE MARY FL 32476

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.

01/30/2018 SIGNATURE: THOMAS E. RILEY SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Jan 30, 2018

Secretary of State

CC6096714411