

1.) CORPORATION NAME:

AequiCap Insurance Company

DUE DATE: **8/31/2010**

SCC ID NO: **F1678970**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3000 W CYPRESS CREEK RD

CITY/ST/ZIP: FORT LAUDERDALE, FL 33309-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARILYN J PETERSON
TITLE: VICE PRESIDENT
ADDRESS: 18037 MAMBO DRIVE
CITY/ST/ZIP/CO: BOCA RATON, FL 33496-

OFFICER

DIRECTOR

NAME: DEBORAH S GARDENER
TITLE: SVP/TREAS/CFO
ADDRESS: 531 SE 5TH ST
CITY/ST/ZIP/CO: POMPANO BEACH, FL 33060-

OFFICER

DIRECTOR

NAME: PHILIP E MORGAMAN
TITLE: CHNMN
ADDRESS: 4445 NW 24TH TERR
CITY/ST/ZIP/CO: BOCA RATON, FL 33431-

OFFICER

DIRECTOR

NAME: MATTHEW T. JONES
TITLE: PRESIDENT
ADDRESS: 7041 SW 16TH ST
CITY/ST/ZIP/CO: PLANTATION, FL 33317-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARILYN J PETERSON
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

MARILYN J PETERSON, VICE
PRESIDENT
PRINTED NAME AND CORPORATE
TITLE

8/9/2010
DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.