

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002360

FILED
Feb 04, 2011
Secretary of State

Entity Name: UNIVERSAL INSURANCE COMPANY

Current Principal Place of Business:

101 ARTHUR ANDERSON PKWY., STE #220
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

101 ARTHUR ANDERSON PKWY., STE #220
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 66-0313825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P. O. BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: MIRANDA-CASANAS, LUIS
Address: P.O. BOX 71338
City-St-Zip: SAN JUAN, PR 00936

Title: D
Name: AMADEO, JORGE J
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00936

Title: D
Name: MIRANDA, MONIQUE
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00936

Title: D
Name: RODRIGUEZ, RAFAEL
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00919

Title: D
Name: PEREZ, PLINIO
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00919

Title: D
Name: KEVANE, DONALD
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00919

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: LUIS MIRANDA-CASANAS

D

02/04/2011

Electronic Signature of Signing Officer or Director

_____ Date