


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000094797

1. Entity Name
UNIVERSAL PROPERTY & CASUALTY INSURANCE COMPANY



Principal Place of Business 2875 NE 191 STREET SUITE 300 MIAMI, FL 33180	Mailing Address 2875 NE 191 STREET SUITE 300 MIAMI, FL 33180
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0231984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees


U00000152718
 05/04/04-80098-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEIER, BRADLEY I 2875 NE 191 ST #300 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOGOFF, REED J 2875 NE 191 ST #300 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILENTZ, JOEL M 2875 NE 191 ST #300 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLNER, IRWIN L 2875 NE 191 ST 300 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEIER, NORMAN M 2875 NE 191 ST #300 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ALESSANDRO, JOSEPH P 2875 NE 191 ST #300 MIAMI, FL 33180

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 667, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bradley I. Meier  4/29/04 305-972-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #