

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M34063

FILED
Feb 28, 2017
Secretary of State
CC5578788937

Entity Name: BEST MERIDIAN INSURANCE COMPANY

Current Principal Place of Business:

8950 SW 74 CT.
23RD FLOOR
MIAMI, FL 33156

Current Mailing Address:

8950 SW 74 CT.
23RD FLOOR
MIAMI, FL 33156

FEI Number: 59-2764247

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIERRA, ANDREW
8950 SW 74 CT.
24TH FLOOR
MIAMI, FL 33156 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

Officer/Director Detail :

Title DC
Name SIERRA, ANTONIO M.
Address 13693 DEERING BAY DRIVE
City-State-Zip: CORAL GABLES FL 33158

Title D
Name DUNCAN, ROSARIO P
Address 3070 FREEMAN ST.
City-State-Zip: MIAMI FL 33133

Title VD
Name BUSH, BRENT
Address 8950 SW 74 CT., 23RD FLOOR
City-State-Zip: MIAMI FL 33156

Title S, COMPLIANCE OFFICER
Name SIERRA, ANDREW
Address 8950 SW 74 CT., 24TH FLOOR
City-State-Zip: MIAMI FL 33156

Title PRESIDENT, DIRECTOR, CEO
Name SIERRA, ANTHONY F
Address 8950 SW 74 CT., 24TH FLOOR
City-State-Zip: MIAMI FL 33156

Title VP, ACTUARY
Name MORGAN, MICHAEL W
Address 8950 SW 74 CT.
23RD FLOOR
City-State-Zip: MIAMI FL 33156

Title VP PRODUCT DEVELOPMENT
Name MICHELL, KAREN
Address 8950 SW 74 CT.
24TH FLOOR
City-State-Zip: MIAMI FL 33156

Title VP, CFO
Name PELATI, MANUEL
Address 8950 SW 74 CT.
24TH FLOOR
City-State-Zip: MIAMI FL 33156

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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: ANDREW SIERRA

SECRETARY

02/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GARCIA-VELEZ, CARLOS
Address 9325 S.W. 98TH STREET
City-State-Zip: MIAMI FL

Title GENERAL COUNSEL
Name MACHADO, CARLOS M ESQ.
Address 8950 SW 74 CT.
 23RD FLOOR
City-State-Zip: MIAMI FL 33156