

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M34063

**FILED**  
**Jan 17, 2020**  
**Secretary of State**  
**0373490588CC**

**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 SECRETARY  
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 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

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

**Continues on page 2**

*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**

**01/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title COMPLIANCE OFFICER  
Name SOLIS, JAVIER  
Address 8950 SW 74 CT.  
23RD FLOOR  
City-State-Zip: MIAMI FL 33156