

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088871

Entity Name: UNIVERSAL LIFE INSURANCE (FL) COMPANY

FILED
Apr 14, 2016
Secretary of State
CC9287479382

Current Principal Place of Business:

C/O POST & ROMERO
3195 PONCE DE LEON BLVD, SUITE 400
CORAL GABLES, FL 33134

Current Mailing Address:

C/O POST & ROMERO
3195 PONCE DE LEON BLVD, SUITE 400
CORAL GABLES, FL 33134 US

FEI Number: 66-0502334

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW OFFICE OF CARLOS A. ROMERO, JR., P.A.
3195 PONCE DE LEON BLVD, SUITE 400
CORAL GABLES, FL 33134 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 P.
Name MIRANDA-MERLE, MONIQUE
Address PO BOX 71338
City-State-Zip: SAN JUAN 00919

Title D
Name AMADEO-LOPEZ, JORGE J
Address PO BOX 71338
City-State-Zip: SAN JUAN 00919

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

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

Title DIRECTOR
Name FABERY, WALDEMAR
Address PO BOX 71338
City-State-Zip: SAN JUAN OC 00919

Title DIRECTOR
Name VEGA, JOSELY
Address PO BOX 71338
City-State-Zip: SAN JUAN OC 00919

Title DIRECTOR
Name MEDINA, JOSE
Address PO BOX 71338
City-State-Zip: SAN JUAN OC 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: JOSELY VEGA

DIRECTOR

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date