

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016622

Entity Name: FINANCIAL AMERICAN INSURANCE SERVICES, INC.**Current Principal Place of Business:**12485 SW 137TH AVE.
SUITE 300
MIAMI, FL 33186**Current Mailing Address:**POST OFFICE BOX 77-0250
MIAMI, FL 33177-0250 US**FEI Number:** 37-1484076**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLOR, MANUEL J
12485 SW 137TH AVE.
SUITE 300
MIAMI, FL 33186 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 CEO, PRESIDENT, DIRECTOR
Name MILLOR, MANUEL J
Address 12485 SW 137TH AVE.
SUITE 300
City-State-Zip: MIAMI FL 33186

Title SECRETARY
Name GONZALEZ, ARLENE
Address 12485 SW 137TH AVE.
SUITE 300
City-State-Zip: MIAMI FL 33186

Title SENIOR VICE PRESIDENT OF
FINANCE, TREASURER
Name GINSBERG, MICHAEL D
Address 12485 SW 137TH AVE.
SUITE 300
City-State-Zip: MIAMI FL 33186

Title CHAIRMAN
Name BECKER, EUGENE E
Address 12485 SW 137TH AVE.
SUITE 300
City-State-Zip: MIAMI FL 33186

Title CHIEF INFORMATION OFFICER, VP
Name ALFARAS, CHRISTOPHER
Address 12485 SW 137TH AVE.
SUITE 300
City-State-Zip: MIAMI FL 33186

Title VP
Name JONES, CAROL R
Address 12485 SW 137TH AVE.
SUITE 300
City-State-Zip: MIAMI FL 33186

Title REGIONAL VICE PRESIDENT
Name MANNING, VINCENT G
Address 12485 SW 137TH AVE.
SUITE 300
City-State-Zip: MIAMI FL 33186

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: ARLENE GONZALEZ**SECRETARY****03/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date