

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000042944

FILED
Apr 24, 2019
Secretary of State
2987159172CC

Entity Name: MAPFRE ASSISTANCE USA INC.

Current Principal Place of Business:

7300 CORPORATE CENTER DRIVE, SUITE 601
MIAMI, FL 33126

Current Mailing Address:

7300 CORPORATE CENTER DRIVE, SUITE 601
MIAMI, FL 33126

FEI Number: 46-0547293

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AROLA KAMINSKI, DAVID
LEGAL DEPT.
7300 CORPORATE CENTER DRIVE, SUITE 601
MIAMI, FL 33126 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: DAVID AROLA KAMINSKI

04/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|---|-----------------|---|
| Title | ASST. SECRETARY | Title | TREASURER, HEAD OF FINANCE |
| Name | AROLA KAMINSKI, DAVID | Name | BREEDEN, BRIAN |
| Address | 7300 CORPORATE CENTER DRIVE, SUITE 601 | Address | 7300 CORPORATE CENTER DR., SUITE 601 |
| City-State-Zip: | MIAMI FL 33126 | City-State-Zip: | MIAMI FL 33126 |
| | | | |
| Title | VP | Title | CHAIRMAN |
| Name | MONTENEGRO, BARBARA | Name | CASTELO, ALFREDO |
| Address | 7300 CORPORATE CENTER DR., SUITE 601 | Address | 7300 CORPORATE CENTER DR., SUITE 601 |
| City-State-Zip: | MIAMI FL 33126 | City-State-Zip: | MIAMI FL 33126 |
| | | | |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | ALVES, NELSON | Name | FACON, FRANCOIS |
| Address | 7300 CORPORATE CENTER DR., SUITE 601 | Address | 7300 CORPORATE CENTER DR., SUITE 601 |
| City-State-Zip: | MIAMI FL 33126 | City-State-Zip: | MIAMI FL 33126 |
| | | | |
| Title | PRESIDENT, CEO, REGIONAL GENERAL MANAGER, DIRECTOR | Title | VP, TAX |
| Name | MARRUGO ROJAS, JAIR GIOVANNI | Name | DOWELL, DAMON |
| Address | 7300 CORPORATE CENTER DRIVE, SUITE 601 | Address | 7300 CORPORATE CENTER DRIVE, SUITE 601 |
| City-State-Zip: | MIAMI FL 33126 | City-State-Zip: | MIAMI FL 33126 |

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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: DAVID AROLA KAMINSKI

ASSISTANT SECRETARY

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, OPERATIONS
Name MUNIZAGA, ERNESTO
Address 7300 CORPORATE CENTER DRIVE, SUITE 601
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name JIMENEZ, LEIRE
Address 7300 CORPORATE CENTER DRIVE, SUITE 601
City-State-Zip: MIAMI FL 33126

Title SECRETARY
Name SHER, MICHAEL
Address 7300 CORPORATE CENTER DRIVE,
SUITE 601
City-State-Zip: MIAMI FL 33126