

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000070715

**Entity Name:** MBI AMERICAS REINSURANCE ALLOCATION SERVICES, INC.

**Current Principal Place of Business:**

801 BRICKELL AVENUE  
SUITE 2260  
MIAMI, FL 33131

**Current Mailing Address:**

801 BRICKELL AVENUE  
SUITE 2260  
MIAMI, FL 33131

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OSCAR I. ALFONSO AND ASSOCIATES, P.A.  
1000 BRICKELL AVENUE  
SUITE 410  
MIAMI, FL 33131 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 D, P  
Name JIMENEZ, JULIO  
Address 801 BRICKELL AVENUE  
City-State-Zip: MIAMI FL 33131

Title D,VP  
Name ESQUINO, MAURICIO  
Address 801 BRICKELL AVENUE  
City-State-Zip: MIAMI FL 33131

Title S  
Name LOZANO, DELIA  
Address 801 BRICKELL AVENUE  
City-State-Zip: MIAMI FL 33131

*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:** MAURICIO ESQUINO

D, VP

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date