

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000094797

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC1854760095**

**Entity Name:** UNIVERSAL PROPERTY & CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

1110 W COMMERCIAL BLVD  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

1110 W COMMERCIAL BLVD  
FT LAUDERDALE, FL 33309

**FEI Number:** 65-0789077

**Certificate of Status Desired:** Yes

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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            COO  
Name            SPRINGER, JON W  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33309

Title            DIRECTOR  
Name            SLOGOFF, REED J  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33309

Title            DIRECTOR  
Name            WILENTZ, JOEL M  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33309

Title            SECRETARY  
Name            DONAGHY, STEPHEN J  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33309

Title            PRESIDENT / CEO  
Name            DOWNES, SEAN P  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33309

Title            DIRECTOR  
Name            SCHINDLER, OZZIE  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title            TREASURER  
Name            WILCOX, FRANK C  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33309

Title            DIRECTOR  
Name            PIETRANGELO, MICHAEL  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33309

**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:** SEAN P DOWNES

**CEO**

**04/17/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CALLAHAN, SCOTT P  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33309

Title           DIRECTOR  
Name           LEWIS, DARRYL L  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33309