

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002153

Entity Name: FINANCIAL AMERICAN PROPERTY AND CASUALTY
INSURANCE COMPANY**FILED**
Apr 03, 2017
Secretary of State
CC6830595308**Current Principal Place of Business:**12485 SW 137TH AVE.
SUITE 300
MIAMI, FL 33186**Current Mailing Address:**PO BOX 77-0250
MIAMI, FL 33177 US**FEI Number: 75-6015738****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., STE 300
City-State-Zip: MIAMI FL 33186Title SECRETARY, DIRECTOR
Name GONZALEZ, ARLENE
Address 12485 SW 137TH AVE., STE 300
City-State-Zip: MIAMI FL 33186Title CHAIRMAN, DIRECTOR
Name BECKER, EUGENE E
Address 12485 SW 137TH AVE., STE 300
City-State-Zip: MIAMI FL 33186Title VP, DIRECTOR
Name JONES, CAROL R
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****04/03/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date