

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000002201

**Entity Name:** UNIVERSAL NORTH AMERICA INSURANCE COMPANY

**Current Principal Place of Business:**

4300 CENTRE PL., STE. 150  
ARLINGTON, TX 76018

**Current Mailing Address:**

101 PARAMOUNT DR., STE. 220  
SARASOTA, FL 34232 US

**FEI Number:** 20-3073837

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER, STATE OF FLORIDA  
200 E. GAINES ST.  
TALLAHASSEE, FL 32301 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 C  
Name MERLE, MONIQUE M  
Address 101 PARAMOUNT DR., STE. 220  
City-State-Zip: SARASOTA FL 34232

Title D  
Name MEDINA CARDONA, JOSE  
Address 101 PARAMOUNT DR., STE. 220  
City-State-Zip: SARASOTA FL 34232

Title D  
Name FABERY VILLAESPESA, WALDEMAR  
Address 101 PARAMOUNT DR., STE. 220  
City-State-Zip: SARASOTA FL 34232

Title DS  
Name VEGA, JOSELY  
Address 101 PARAMOUNT DR., STE. 220  
City-State-Zip: SARASOTA FL 34232

Title D  
Name AMADEO, JORGE  
Address 101 PARAMOUNT DR., STE. 220  
City-State-Zip: SARASOTA FL 34232

Title D  
Name GUTIERREZ AJA, AGUSTIN  
Address 101 PARAMOUNT DR., STE. 220  
City-State-Zip: SARASOTA FL 34232

Title OFFICER  
Name URRRA, RICHARD JOHN  
Address 101 PARAMOUNT DR., STE. 220  
City-State-Zip: SARASOTA FL 34232

*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:** RICHARD JOHN URRRA

**OFFICER**

**01/31/2022**

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

\_\_\_\_\_  
Date