2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# F02000002360

Entity Name: UNIVERSAL INSURANCE COMPANY

Current Principal Place of Business:

101 ARTHUR ANDERSON PKWY., STE #220
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

101 ARTHUR ANDERSON PKWY., STE #220
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 66-0313825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P. O. BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: CASANAS, LUIS M
Address: P.O. BOX 71338
City-St-Zip: SAN JUAN, PR 009368438

Title: D ( ) Delete
Name: AMADEO, JORGE J
Address: PO BOX 193900
City-St-Zip: SAN JUAN, PR 009193900

Title: P ( ) Delete
Name: BERRIOS, LUIS
Address: G.P.O. BOX 71338
City-St-Zip: SAN JUAN, PR 00936

Title: D ( ) Delete
Name: RODRIGUEZ, RAFAEL
Address: G.P.O. BOX 71338
City-St-Zip: SAN JUAN, PR 00936

Title: S ( ) Delete
Name: MIRANDA, MERLE M
Address: P.O. BOX 71338
City-St-Zip: LEHIGH ACRES, FL 339368438

Title: T ( ) Delete
Name: MARITERE, JIMENEZ
Address: P.O. BOX 71338
City-St-Zip: SAN JUAN, PR 009368438

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LUIS M CASANAS C 01/21/2009

Electronic Signature of Signing Officer or Director — Date