2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002360

Entity Name: UNIVERSAL INSURANCE COMPANY

FILED Feb 09, 2012 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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101 ARTHUR ANDERSON PKWY., STE #220 SARASOTA, FL 34232

Current Mailing Address: New Mailing Address:

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

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

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

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

OFFICERS AND DIRECTORS:

Title:

 Name:
 BENITEZ, JOSE

 Address:
 P.O. BOX 71338

 City-St-Zip:
 SAN JUAN, PR 00936

Title: S

 Name:
 VEGA, JOSELY J

 Address:
 PO BOX 71338

 City-St-Zip:
 SAN JUAN, PR 00936

Title: 7

 Name:
 PADILLA, JORGE

 Address:
 PO BOX 71338

 City-St-Zip:
 SAN JUAN, PR 00936

Title: [

Name: RODRIGUEZ, RAFAEL Address: PO BOX 71338 City-St-Zip: SAN JUAN, PR 00919

Title:

Name: PEREZ, PLINIO
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00919

Title:

 Name:
 FREYRE, JORGE

 Address:
 PO BOX 71338

 City-St-Zip:
 SAN JUAN, PR 00919

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: JOSELY VEGA S 02/09/2012