

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005079

FILED
Jul 22, 2009
Secretary of State

Entity Name: BUPA INSURANCE LIMITED CO.

Current Principal Place of Business:

7001 SW 97TH AVENUE
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7001 SW 97TH AVENUE
MIAMI, FL 33173

New Mailing Address:

FEI Number: 26-4167323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URRA, RICHARD
7001 SW 97TH AVENUE
MIAMI, FL 33173 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SINGER, THOMAS
Address: 7001 SW 97TH AVENUE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: ASLET, GRAHAM
Address: 7001 SW 97TH AVENUE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: BROWN, GEOFFREY
Address: 7001 SW 97TH AVENUE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: BIDDLESTONE, KEITH
Address: 7001 SW 97TH AVENUE
City-St-Zip: MIAMI, FL 33173

Title: M () Delete
Name: MALTBY, DAVID
Address: 7001 SW 97TH AVENUE
City-St-Zip: MIAMI, FL 33173

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:

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: DAVID MALTBY

M

07/22/2009

Electronic Signature of Signing Officer or Director

Date