

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85204

FILED
Apr 30, 2009
Secretary of State

Entity Name: MAPFRE INSURANCE COMPANY OF FLORIDA

Current Principal Place of Business:

5959 BLUE LAGOON DR
SUITE 400
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

5959 BLUE LAGOON DR
SUITE 400
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 65-0131982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200 32314-6200
200 E. GAINES ST
TALLAHASSEE, FL 32399 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: D () Delete
Name: FERNANDEZ-SILVA, JORGE
Address: 8041 SW 54TH CT.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: JIMENEZ, ANDRES
Address: 5959 BLUE LAGOON DR, STE 400
City-St-Zip: MIAMI, FL 33126 US

Title: D () Delete
Name: FANTIS, DENNIS MCNAIR
Address: 5959 BLUE LAGOON DR, # 400
City-St-Zip: MIAMI, FL 33126

Title: PCEO () Delete
Name: TAMAYO, JAIME A
Address: 5959 BLUE LAGOON DR, # 400
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: FERNANDEZ-CID, JAVIER
Address: 5959 BLUE LAGOON DR STE 400
City-St-Zip: MIAMI, FL 33126

Title: SVPC () Delete
Name: LYNCH, JOHN JOSEPH
Address: 5959 BLUE LAGOON DRIVE, SUITE 400
City-St-Zip: MIAMI, FL 33126

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: DANIEL P. OLOHAN

SEC

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date