

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85204

FILED
Feb 18, 2010
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
Name: FERNANDEZ-SILVA, JORGE A
Address: 8041 SW 54TH CT.
City-St-Zip: MIAMI, FL

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

Title: PCEO
Name: TAMAYO, JAIME A
Address: 211 MAIN STREET
City-St-Zip: WEBSTER, MA 01570

Title: CFO
Name: BECKER, RANDALL V
Address: 211 MAIN STREET
City-St-Zip: WEBSTER, MA 01570

Title: S
Name: OLOHAN, DANIEL P
Address: 211 MAIN STREET
City-St-Zip: WEBSTER, MA 01570

Title: AS
Name: SHER, MICHAEL S
Address: 211 MAIN STREET
City-St-Zip: WEBSTER, MA 01570

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: DANIEL P. OLOHAN

S

02/18/2010

Electronic Signature of Signing Officer or Director

_____ Date