2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# M37495

Entity Name: GRANADA INSURANCE COMPANY

Current Principal Place of Business:

4075 SW 83RD AVENUE
MIAMI, FL 331554200

New Principal Place of Business:

Current Mailing Address:

4075 SW 83RD AVENUE
MIAMI, FL 331554200

New Mailing Address:

FEI Number: 59-2734127 **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:	D	( ) Delete
Name:	ARIAS, RAMON	
Address:	7711 SW 131ST SREET	
City-St-Zip:	MIAMI, FL 33156	
Title:	DP	( ) Delete
Name:	DIAZ-PADRON, JUAN	
Address:	1528 CANTORIA AVE	
City-St-Zip:	CORAL GABLES, FL	
Title:	D	( ) Delete
Name:	FRIEDBERG, RICHARD	
Address:	449 N PARK DR	
City-St-Zip:	SPARTANBURG, SC 29302	
Title:	D	( ) Delete
Name:	PARJUS, ALBERTO N	
Address:	16567 SW 67TH TERR	
City-St-Zip:	MIAMI, FL 33193	
Title:	DS	( ) Delete
Name:	DIAZ-PADRON, CARMEN	
Address:	1410 ROBBIA AVE	
City-St-Zip:	MIAMI, FL 33146	
Title:	D	( ) Delete
Name:	SIERRA, ANTHONY F	
Address:	1320 S DIXIE HWY 6TH FL	
City-St-Zip:	MIAMI, FL 33146	

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: JUAN M. DIAZ-PADRON PRES 04/27/2009

Electronic Signature of Signing Officer or Director — Date