2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088871

Entity Name: UNIVERSAL LIFE INSURANCE (FL) COMPANY

Current Principal Place of Business:	**New Principal Place of Business:**
C/O POST & ROMERO 3195 PONCE DE LEON BLVD, SUITE 400 CORAL GABLES, FL 33134	

Current Mailing Address:	**New Mailing Address:**
C/O POST & ROMERO 3195 PONCE DE LEON BLVD, SUITE 400 CORAL GABLES, FL 33134	

FEI Number: 66-0502334   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:**
LAW OFFICE OF CARLOS A. ROMERO, JR., P.A. 3195 PONCE DE LEON BLVD, SUITE 400 CORAL GABLES, FL 33134 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: D
Name: MIRANDA-CASANAS, LUIS
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00919

Title: D
Name: MIRANDA, MONIQUE
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00919

Title: D
Name: AMADEO, JORGE J
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00919

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

Title: D
Name: MEDINA, JOSE
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00919

Title: D
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: LUIS MIRANDA-CASANAS   D   02/04/2011

Electronic Signature of Signing Officer or Director   Date