

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067181

FILED
May 01, 2008
Secretary of State

Entity Name: UNIVERSAL INSURANCE COMPANY OF NORTH AMERICA

Current Principal Place of Business:

101 ARTHUR ANDERSEN PARKWAY SUITE 220
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

101 ARTHUR ANDERSEN PARKWAY SUITE 220
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 20-1041714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPINO, RICARDO A
101 ARTHUR ANDERSEN PKWY, STE. 220
SARASOTA, FL 34232 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: CD () Delete
Name: CASANAS, LUIS M
Address: CALLE 1, LOTE 10 METRO OFFICE PARK
City-St-Zip: GUAYANABO, PR 00969,

Title: DT () Delete
Name: PADILLA, JORGE L
Address: CALLE 1, LOTE 10 METRO OFFICE PARK
City-St-Zip: GUAYANABO, PR 00969,

Title: DS () Delete
Name: CRUZ, CECILIA
Address: CALLE 1, LOTE 10 METRO OFFICE PARK
City-St-Zip: GUAYANABO, PR 00969,

Title: D () Delete
Name: MIRANDA, MONIQUE
Address: CALLE 1, LOTE 10 METRO OFFICE PARK
City-St-Zip: GUAYANABO, PR 00969

Title: D () Delete
Name: MONGA, LUIS B
Address: CALLE 1, LOTE 10 METRO OFFICE PARK
City-St-Zip: GUAYANABO, PR 00969

Title: P () Delete
Name: ESPINO, RICARDO A
Address: 101 ARTHUR ANDERSEN PKWY
City-St-Zip: SARASOTA, FL 34232

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: JOHN BURNS

CFO

05/01/2008

Electronic Signature of Signing Officer or Director

Date