

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40293

FILED  
Apr 20, 2010  
Secretary of State

**Entity Name:** UNIVERSAL INSURANCE HOLDINGS, INC.

**Current Principal Place of Business:**

1110 W COMMERCIAL BLVD  
FT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

1110 W COMMERCIAL BLVD  
FT LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:** 65-0231984      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301 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: PD  
Name: MEIER, BRADLEY I  
Address: 1110 W COMMERCIAL BLVD  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D  
Name: SLOGOFF, REED J.  
Address: 1110 W COMMERCIAL BLVD  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D  
Name: MEIER, NORMAN M  
Address: 1110 W COMMERCIAL BLVD  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D  
Name: WILENTZ, JOEL M.  
Address: 1110 W COMMERCIAL BLVD  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D  
Name: DOWNES, SEAN P  
Address: 1110 W COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D  
Name: MICHAEL, PIETRANGELO A  
Address: 1110 W COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33309

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: BM

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PD

04/20/2010

\_\_\_\_\_ Date