

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 430472

Entity Name: BUPA INSURANCE COMPANY**Current Principal Place of Business:**18001 OLD CUTLER ROAD
SUITE 500
PALMETTO BAY, FL 33157**Current Mailing Address:**18001 OLD CUTLER ROAD
SUITE 500
PALMETTO BAY, FL 33157 US**FEI Number:** 59-1485499**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BUIL, JOSE L
18001 OLD CUTLER ROAD
SUITE 500
PALMETTO BAY, FL 33157 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**Officer/Director Detail :**

Title	CFO, TREASURER, DIRECTOR
Name	HERRERA, SARA A.
Address	18001 OLD CUTLER ROAD SUITE 500
City-State-Zip:	MIAMI FL 33157

Title	DIRECTOR
Name	MILLIAN, JOHN RANDOLPH
Address	18001 OLD CUTLER ROAD SUITE 500
City-State-Zip:	MIAMI FL 33157

Title	DIRECTOR, SECRETARY
Name	FIERMAN, JESSICA
Address	18001 OLD CUTLER ROAD SUITE 500
City-State-Zip:	MIAMI FL 33157

Title	DIRECTOR, CHAIRMAN
Name	CROSAS, DOMENEC
Address	18001 OLD CUTLER ROAD SUITE 500
City-State-Zip:	MIAMI FL 33157

Title	DIRECTOR
Name	VILLAESCUSA, MARIA PILAR
Address	18001 OLD CUTLER ROAD SUITE 500
City-State-Zip:	MIAMI FL 33157

Title	P
Name	BUIL, JOSE LUIS
Address	18001 OLD CUTLER ROAD SUITE 500
City-State-Zip:	PALMETTO BAY FL 33157

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: JESSICA FIERMAN**SECRETARY****02/06/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date