

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 430472

Entity Name: BUPA INSURANCE COMPANY**Current Principal Place of Business:**18001 OLD CUTLER ROAD
SUITE 300
MIAMI, FL 33157**Current Mailing Address:**17901 OLD CUTLER ROAD
SUITE 400
MIAMI, FL 33157 US**FEI Number:** 59-1485499**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DODO, MOSES
17901 OLD CUTLER ROAD
SUITE 400
MIAMI, 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:** MOSES DODO, DP**02/26/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name LOPEZ-PREUSSE, FRANCISCO D
Address 17901 OLD CUTLER ROAD
SUITE 400
City-State-Zip: MIAMI FL 33157

Title DIRECTOR, SECRETARY,
TREASURER, CFO
Name LOS, STEVEN MICHAEL
Address 17901 OLD CUTLER ROAD
SUITE 400
City-State-Zip: MIAMI FL 33157

Title DP
Name DODO, MOSES
Address 17901 OLD CUTLER ROAD
SUITE 400
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name MILLIAN, JOHN RANDOLPH
Address 17901 OLD CUTLER ROAD
SUITE 400
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR
Name FIERMAN, JESSICA
Address 17901 OLD CUTLER ROAD
SUITE 400
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name MCHARG, TARYN L
Address 1 ANGEL COURT
City-State-Zip: LONDON EC2R 7HJ

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: MOSES DODO**PRESIDENT****02/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date