

1.) CORPORATION NAME:

Universal Insurance Services of Florida, Inc.

DUE DATE: **1/31/2011**

SCC ID NO: **F1814559**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 FAIRWAY DR STE 320

CITY/ST/ZIP: DEERFIELD BEACH, FL 33441-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BRETT SCHNEIDER
TITLE: DIRECTOR
ADDRESS: 340 MADISON AVE
20TH FLOOR
CITY/ST/ZIP/CO: NEW YORK, NY 10173-

OFFICER DIRECTOR

NAME: JAMES MCGILVRAY
TITLE: PRESIDENT
ADDRESS: 800 FAIRWAY DR
STE 320
CITY/ST/ZIP/CO: DEERFIELD, FL 33441-

OFFICER DIRECTOR

NAME: MICHAEL SORENSEN
TITLE: PRESIDENT
ADDRESS: 800 FAIRWAY DR STE 320
CITY/ST/ZIP/CO: DEERFIELD, FL 33441-

OFFICER DIRECTOR

NAME: JAMES MCGILVRAY
TITLE: SECRETARY
ADDRESS: 800 FAIRWAY DR
STE 320
CITY/ST/ZIP/CO: DEERFIELD, FL 33441-

OFFICER DIRECTOR

NAME: JAMES MCGILVRAY
TITLE: TREASURER
ADDRESS: 800 FAIRWAY DR
STE 320
CITY/ST/ZIP/CO: DEERFIELD, FL 33441-

OFFICER DIRECTOR

NAME: LORI M. LIESER TITLE: VICE PRESIDENT ADDRESS: 500 W. MADISON STREET SUITE 2400 CITY/ST/ZIP/CO: CHICAGO, IL 60661-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MALIKA S. HINKSON TITLE: DIRECTOR ADDRESS: 340 MADISON AVENUE 20TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10173-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAMES R. GELDER TITLE: DIRECTOR ADDRESS: 1250 CAPITAL OF TEXAS HWY S BUILDING 2 CITY/ST/ZIP/CO: AUSTIN, TX 78746-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ LORI M. LIESER</u>	<u>LORI M. LIESER, VICE PRESIDENT</u>	<u>1/28/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.