

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021135

FILED
Apr 05, 2006
Secretary of State

Entity Name: UNITED PROPERTY & CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

700 CENTRAL AVE
STE 302
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

700 CENTRAL AVE
STE 302
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-3560143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: CD () Delete
Name: BRANCH, GREG C
Address: 335 NORTHEAST WATULA AVENUE
City-St-Zip: Ocala, FL 34470

Title: V () Delete
Name: RUSSELL, MELVIN A
Address: 700 CENTRAL AVE STE 302
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: FAZLIN, FAZAL
Address: 12000 28TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: IRWIN, IAN
Address: 333 THIRD AVE NORTH, STE 400
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: POITEVINT II, ALEC L
Address: 1100 DOTHAN RD
City-St-Zip: BAINBRIDGE, GA 31717

Title: CEOP (X) Delete
Name: CRONIN, DONALD J
Address: 700 CENTRAL AVE STE 302
City-St-Zip: SAINT PETERSBURG, FL 33701

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: CEOD (X) Change () Addition
Name: CRONIN, DON
Address: 700 CENTRAL AVE STE 302
City-St-Zip: SAINT PETERSBURG, FL 33701

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 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: DON CRONIN

Electronic Signature of Signing Officer or Director

CEOD

04/05/2006

_____ Date