
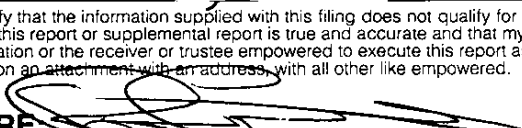


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90022 005 ***150.00

DOCUMENT # P99000021135					
1. Entity Name UNITED PROPERTY & CASUALTY INSURANCE COMPANY					
Principal Place of Business 700 CENTRAL AVE STE 302 SAINT PETERSBURG, FL 33701		Mailing Address 700 CENTRAL AVE STE 302 SAINT PETERSBURG, FL 33701			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3560143	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANCH, GREG C		NAME	Pat DeLacey	
STREET ADDRESS	335 NORTHEAST WATULA AVENUE		STREET ADDRESS	400 Blackstone Ave	
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP	La Grange IL 60525	
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, MELVIN A		NAME	Bill Hood	
STREET ADDRESS	700 CENTRAL AVE STE 302		STREET ADDRESS	16120 US Hwy 19N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP	Clearwater, FL 33764	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAZLIN, FAZAL		NAME	Kent Whittmore	
STREET ADDRESS	12000 28TH STREET NORTH		STREET ADDRESS	1 Beach Dr SE Ste 205	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP	St. Petersburg FL 33701	
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRONIN, DON		NAME	Kern Davis	
STREET ADDRESS	700 CENTRAL AVE STE 302		STREET ADDRESS	6319 BahamaShores Dr. S.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP	St. Petersburg FL 33705	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POITEVINT II, ALEC L		NAME	Mark Berset	
STREET ADDRESS	1100 DOTHAN RD		STREET ADDRESS	1 Beach Dr. SE Ste 230	
CITY-ST-ZIP	BAINBRIDGE, GA 31717		CITY-ST-ZIP	St. Petersburg FL 33701	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Don Cronin		3/8/07 (727) 895-7737	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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