

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90031 016 \*\*\*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 #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02042008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number: 59-3560143  
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired  \$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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: DELACEY, PAT STREET ADDRESS: 400 BLACKSTONE AVE CITY-ST-ZIP: LA GRANGE, IL 60525	<input type="checkbox"/> Delete
TITLE: D NAME: HOOD, BILL STREET ADDRESS: 16120 US HWY 19N CITY-ST-ZIP: CLEARWATER, FL 33764	<input type="checkbox"/> Delete
TITLE: D NAME: WHITTEMORE, KENT STREET ADDRESS: 1 BEACH DR SE STE 205 CITY-ST-ZIP: SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete
TITLE: D NAME: DAVIS, KERN (KAREN) STREET ADDRESS: 6319 BAHAMAS SHORES DR S CITY-ST-ZIP: SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete
TITLE: D NAME: BERSET, MARK STREET ADDRESS: 1 BEACH DR SE STE 230 CITY-ST-ZIP: SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE: D/P/T/CEO NAME: CRONIN, DON STREET ADDRESS: 700 CENTRAL AVE STE 302 CITY-ST-ZIP: ST PETERSBURG FL 33701	<input checked="" type="checkbox"/> Add

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D/C NAME: Branch, Greg STREET ADDRESS: 335 NE WATULIA AVE CITY-ST-ZIP: Ocala FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: 2999 Palm Harbor Blvd Ste A STREET ADDRESS: Palm Harbor FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Fazlin, Fazal STREET ADDRESS: 400 Park Street N CITY-ST-ZIP: St Petersburg FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Poitevint, Alec STREET ADDRESS: 1100 Dothan Rd CITY-ST-ZIP: Bainbridge GA 31717	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V/S NAME: Russell, Mel STREET ADDRESS: 700 Central Ave Ste 302 CITY-ST-ZIP: St. Petersburg FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date: 2/5/08 Daytime Phone #: 727-895-7737