

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000067205

**Entity Name:** HERITAGE PROPERTY & CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**700 CENTRAL AVENUE  
SUITE 500  
ST. PETERSBURG, FL 33701**Current Mailing Address:**700 CENTRAL AVENUE  
SUITE 500  
ST. PETERSBURG, FL 33701 US**FEI Number:** 46-0694063**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	WIDDICOMBE, RICHARD
Address	700 CENTRAL AVENUE SUITE 500
City-State-Zip:	ST. PETERSBURG FL 33701

Title	D
Name	APOSTOLOU, PANAGIOTIS
Address	125 ALMEDO WAY NE
City-State-Zip:	ST. PETERSBURG FL 33704

Title	D
Name	HOUVARDAS, TRIFON
Address	3780 TAMPA ROAD SUITE 201
City-State-Zip:	OLDSMAR FL 34677

Title	D
Name	POLLICK, JEFFREY
Address	136 WINDWARD ISLAND
City-State-Zip:	CLEARWATER FL 33767

Title	D
Name	LUCAS, BRUCE
Address	700 CENTRAL AVENUE SUITE 500
City-State-Zip:	ST. PETERSBURG FL 33701

Title	D
Name	ROHDE, STEPHEN
Address	700 CENTRAL AVENUE SUITE 500
City-State-Zip:	ST. PETERSBURG FL 33701

*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:** STEPHEN ROHDE

D

02/22/2013

Electronic Signature of Signing Officer/Director Detail

Date