

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000067205

**Entity Name:** HERITAGE PROPERTY & CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**2600 MCCORMICK DRIVE  
SUITE 300  
CLEARWATER, FL 33759**Current Mailing Address:**2600 MCCORMICK DRIVE  
SUITE 300  
CLEARWATER, FL 33759 US**FEI Number:** 46-0694063**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
PO BOX 6200 (32314-6200)  
200 E GAINES ST  
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:** STEVE ROHDE

01/23/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WIDDICOMBE, RICHARD  
Address        2600 MCCORMICK DRIVE  
                 SUITE 300  
City-State-Zip: CLEARWATER FL 33759

Title            CEO  
Name            LUCAS, BRUCE  
Address        2600 MCCORMICK DRIVE  
                 SUITE 300  
City-State-Zip: CLEARWATER FL 33759

Title            DIRECTOR  
Name            BARLAS, IRINI  
Address        1150 SKYE LANE  
City-State-Zip: PALM HARBOR FL

Title            DIRECTOR  
Name            WALVEKAR, VIJAY  
Address        28269 FONTANA DR.  
City-State-Zip: SOUTHFIELD MI 48076

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

Title            CFO  
Name            LUSK, KIRK HOWARD  
Address        2600 MCCORMICK DRIVE  
                 SUITE 300  
City-State-Zip: CLEARWATER FL 33759

Title            DIRECTOR  
Name            PAPPAS, NICHOLAS GEORGE  
Address        1354 PLAYMOOR DR.  
City-State-Zip: PALM HARBOR FL 34683

Title            COO, DIRECTOR  
Name            GARATEIX, ERNESTO JOSE  
Address        15237 KESTREL DR.  
City-State-Zip: LITHIA FL 33547

**Continues on page 2**

*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:** JOSEPH PEISO

VICE PRESIDENT

01/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                LUCAS, SHANNON ELIZABETH  
Address           2600 MCCORMICK DRIVE  
                      SUITE 300  
City-State-Zip:   CLEARWATER FL 33759

Title                   VP  
Name                PEISO, JOSEPH RENE  
Address           2600 MCCORMICK DRIVE  
                      SUITE 300  
City-State-Zip:   CLEARWATER FL 33759