

**2014 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  
2600 MCCORMICK DRIVE  
SUITE 300  
CLEARWATER, FL 33759 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

04/25/2014

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

*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 ROHDECHIEF FINANCIAL  
OFFICER

04/25/2014

Electronic Signature of Signing Officer/Director Detail

Date