#### 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021135

Entity Name: UNITED PROPERTY & CASUALTY INSURANCE COMPANY

FILED
May 01, 2013
Secretary of State
CC1258494834

### **Current Principal Place of Business:**

360 CENTRAL AVE

**STE 900** 

SAINT PETERSBURG, FL 33701

## **Current Mailing Address:**

360 CENTRAL AVE

**STE 900** 

SAINT PETERSBURG, FL 33701

FEI Number: 59-3560143 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST

TALLAHASSEE, FL 32399-0000 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 Title PS

Name HOOD, WILLIAM Name RUSSELL, MELVIN A

Address 3003 PALM HARBOR BLVE, STE A Address 360 CENTRAL AVENUE, STE 900

City-State-Zip: PALM HARBOR FL 34683 City-State-Zip: ST PETERSBURG FL 33701

Title CEO, DIRECTOR Title D

Name FORNEY, JOHN L Name POITEVINT, ALEC II
Address 360 CENTRAL AVENUE, STE 900 Address 1100 DOTHAN RD

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: BAINBRIDGE GA 39817

Title D Title DC

NameWHITTEMORE, KENTNameBRANCH, GREGAddress100 2ND AVE S, #304-SAddress335 NE WATULA AVECity-State-Zip:ST PETERSBURG FL 33701City-State-Zip:OCALA FL 34470

Title CFO, TREASURER

Name MARTZ, BENNETT B

Address 360 CENTRAL AVENUE

STE 900

City-State-Zip: SAINT 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: JOHN L. FORNEY

CEO

05/01/2013