

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 29, 2016
Secretary of State
CC4226681326

Entity Name: UNITED PROPERTY & CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

800 2ND AVENUE SOUTH
SAINT PETERSBURG, FL 33701

Current Mailing Address:

800 2ND AVENUE SOUTH
SAINT PETERSBURG, FL 33701 US

FEI Number: 59-3560143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
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
Name HOOD, WILLIAM
Address 800 2ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33701

Title CEO, DIRECTOR, PRESIDENT
Name FORNEY, JOHN L
Address 800 2ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33701

Title D
Name POITEVINT, ALEC II
Address 800 2ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33701

Title D
Name WHITTEMORE, KENT
Address 800 2ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33701

Title DC
Name BRANCH, GREG
Address 800 2ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33701

Title CFO, TREASURER
Name MARTZ, BENNETT B
Address 800 2ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33701

Title SECRETARY
Name SALMON, KIMBERLY A
Address 800 2ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33701

Title DIRECTOR
Name DAVIS, KERN
Address 800 2ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33701

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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: KIMBERLY A. SALMON

SECRETARY

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HUDSON, SHERRILL
Address 800 2ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33701