

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000021135

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC2179182568**

**Entity Name:** UNITED PROPERTY & CASUALTY INSURANCE COMPANY

**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  
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 360 CENTRAL AVE  
STE 900  
City-State-Zip: SAINT PETERSBURG FL 33701

Title CEO, DIRECTOR, PRESIDENT  
Name FORNEY, JOHN L  
Address 360 CENTRAL AVENUE, STE 900  
City-State-Zip: ST PETERSBURG FL 33701

Title D  
Name POITEVINT, ALEC II  
Address 360 CENTRAL AVE  
STE 900  
City-State-Zip: SAINT PETERSBURG FL 33701

Title D  
Name WHITTEMORE, KENT  
Address 360 CENTRAL AVE  
STE 900  
City-State-Zip: SAINT PETERSBURG FL 33701

Title DC  
Name BRANCH, GREG  
Address 360 CENTRAL AVE  
STE 900  
City-State-Zip: SAINT PETERSBURG FL 33701

Title CFO, TREASURER  
Name MARTZ, BENNETT B  
Address 360 CENTRAL AVENUE  
STE 900  
City-State-Zip: SAINT PETERSBURG FL 33701

Title SECRETARY  
Name SALMON, KIMBERLY A  
Address 360 CENTRAL AVE  
STE 900  
City-State-Zip: SAINT PETERSBURG FL 33701

Title DIRECTOR  
Name DAVIS, KERN  
Address 360 CENTRAL AVE  
STE 900  
City-State-Zip: SAINT PETERSBURG FL 33701

**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: KIMBERLY A SALMON**

**SECRETARY**

**05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HUDSON, SHERRILL  
Address        360 CENTRAL AVE  
                  STE 900  
City-State-Zip: SAINT PETERSBURG FL 33701