

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000021135

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**2413015124CC**

**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:** Yes

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

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

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

Title DIRECTOR  
Name HUDSON, SHERRILL  
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:** BRAD S. KALTER

**SECRETARY**

**04/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PEED, ROBERT DANIEL  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33701

Title DIRECTOR  
Name HOGAN, MICHAEL RANDOLPH  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33701

Title DIRECTOR  
Name MARONEY, PATRICK FRANCES  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33701

Title SECRETARY  
Name KALTER, BRAD S  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33701