

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003836

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**7115602319CC**

**Entity Name:** UNITED INSURANCE HOLDINGS CORP.

**Current Principal Place of Business:**

800 2ND AVENUE SOUTH  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

800 2ND AVENUE SOUTH  
ST. PETERSBURG, FL 33701 US

**FEI Number:** 75-3241967

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADLER, BROOKE  
800 2ND AVENUE SOUTH  
ST. PETERSBURG, FL 33701 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:** BROOKE ADLER

04/30/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VC  
Name BRANCH, GREGORY C  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name POITEVINT, ALEC L  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

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

Title DIRECTOR  
Name HOOD, WILLIAM  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

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

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

Title DIRECTOR, CHAIRMAN, CEO  
Name PEED, ROBERT DANIEL  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: ST. 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:** BROOKE ADLER

**SECRETARY**

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title SECRETARY  
Name ADLER, BROOKE  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title CHIEF INFORMATION OFFICER  
Name GRIFFITH, CHRIS  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title CHIEF TALENT OFFICER  
Name WEIGLEY, ALYCIA  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

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

Title CHIEF CLAIMS OFFICER  
Name ST. JOHN, SCOTT  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title CHIEF RISK OFFICER  
Name DITTMAN, CHRISTIAN W  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701