

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003836

**FILED**  
**Mar 31, 2014**  
**Secretary of State**  
**CC0374728897**

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

**Current Principal Place of Business:**

360 CENTRAL AVE SUITE 900  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

360 CENTRAL AVE SUITE 900  
ST. PETERSBURG, FL 33701

**FEI Number:** 75-3241967

**Certificate of Status Desired:** No

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

F&L CORP.  
1 INDEPENDENT DR SUITE 1300  
JACKSONVILLE, FL 32202 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 CEO, PRESIDENT, DIRECTOR  
Name FORNEY, JOHN L  
Address 360 CENTRAL AVE SUITE 900  
City-State-Zip: ST. PETERSBURG FL 33701

Title CFO, TREASURER, SECRETARY  
Name MARTZ, BENNETT B  
Address 360 CENTRAL AVE SUITE 900  
City-State-Zip: ST. PETERSBURG FL 33701

Title C  
Name BRANCH, GREGORY C  
Address 360 CENTRAL AVE SUITE 900  
City-State-Zip: ST. PETERSBURG FL 33701

Title D  
Name POITEVINT, ALEC L  
Address 360 CENTRAL AVE SUITE 900  
City-State-Zip: ST. PETERSBURG FL 33701

Title D  
Name WHITTEMORE, KENT G  
Address 360 CENTRAL AVE SUITE 900  
City-State-Zip: ST. PETERSBURG FL 33701

Title VP  
Name MENON, DEEPAK  
Address 360 CENTRAL AVENUE  
SUITE 900  
City-State-Zip: ST PETERSBURG FL 33701

Title VP  
Name WILLIAMS, JAY  
Address 360 CENTRAL AVE SUITE 900  
City-State-Zip: ST. PETERSBURG FL 33701

Title VP  
Name LANGOWSKI, JOHN  
Address 360 CENTRAL AVE SUITE 900  
City-State-Zip: ST. 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:** JOHN FORNEY

**PRESIDENT CEO**

**03/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HOOD, WILLIAM  
Address 360 CENTRAL AVE SUITE 900  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name DAVIS, KERN  
Address 360 CENTRAL AVE SUITE 900  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name HUDSON, SHERRILL  
Address 360 CENTRAL AVE SUITE 900  
City-State-Zip: ST. PETERSBURG FL 33701