

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003836

**FILED**  
**Mar 06, 2018**  
**Secretary of State**  
**CC6896128881**

**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:**

SALMON, KIMBERLY A  
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:** KIMBERLY A SALMON

03/06/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title CHAIRMAN  
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

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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**

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name PEED, R DANIEL  
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