

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003836

FILED
May 01, 2015
Secretary of State
CC1958723265

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:

SALMON, KIMBERLY A
360 CENTRAL AVE SUITE 900
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

05/01/2015

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
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 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

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 SECRETARY
Name SALMON, KIMBERLY A
Address 360 CENTRAL AVE SUITE 900
City-State-Zip: ST. PETERSBURG FL 33701