2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021135

Apr 26, 2012 Secretary of State

Entity Name: UNITED PROPERTY & CASUALTY INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

360 CENTRAL AVE

STE 900

SAINT PETERSBURG, FL 33701

New Mailing Address: Current Mailing Address:

360 CENTRAL AVE

STE 900

SAINT PETERSBURG, FL 33701

FEI Number: 59-3560143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST

TALLAHASSEE, FL 323990000 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

OFFICERS AND DIRECTORS:

Title:

HOOD, WILLIAM Name:

3003 PALM HARBOR BLVE, STE A Address: City-St-Zip: PALM HARBOR, FL 34683

Title: PS

RUSSELL, MELVIN A Name:

360 CENTRAL AVENUE, STE 900 Address: ST PETERSBURG, FL 33701 City-St-Zip:

Title: TOFO

ROHLOFF, JOHN Name:

360 CENTRAL AVENUE, STE 900 Address: City-St-Zip: ST PETERSBURG, FL 33701

Title:

POITEVINT, ALEC II Name: Address: 1100 DOTHAN RD City-St-Zip: BAINBRIDGE, GA 39817

Title:

Name: WHITTEMORE, KENT 100 2ND AVE S. #304-S Address: City-St-Zip: ST PETERSBURG, FL 33701

Title: DC

Name: BRANCH, GREG Address: 335 NE WATULA AVE City-St-Zip: OCALA, FL 34470

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: MELVIN RUSSELL PC 04/26/2012