

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000054990

**Entity Name:** HARVEY INSURANCE GROUP, INC.

**Current Principal Place of Business:**

806 LINDENWALD LN.  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

806 LINDENWALD LN.  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 46-3108297

**Certificate of Status Desired:** No

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

HARVEY, CHRISTOPHER  
806 LINDENWALD LN.  
ALTAMONTE SPRINGS, FL 32701 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 P, T  
Name HARVEY, CHRISTOPHER  
Address 806 LINDENWALD LN.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title S, D  
Name HARVEY, CHRISTOPHER  
Address 806 LINDENWALD LN.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP  
Name HARVEY, MELISSA  
Address 806 LINDENWALD LN.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** CHRISTOPHER HARVEY

**PRESIDENT**

**04/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date