

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058560

Entity Name: HARBOR INSURANCE GROUP, INC.

Current Principal Place of Business:

810 63RD AVENUE NORTH
SAINT PETERSBURG, FL 33702

Current Mailing Address:

810 63RD AVENUE NORTH
SAINT PETERSBURG, FL 33702

FEI Number: 59-3455568

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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 PTD
Name WAGNER, MICHAEL A
Address 810 63RD AVENUE NORTH
City-State-Zip: SAINT PETERSBURG FL 33702

Title VSD
Name SACCO, LARRY L
Address 810 63RD AVENUE NORTH
City-State-Zip: SAINT PETERSBURG FL 33702

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: LARRY L SACCO

VP

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date