

**2023 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

01/04/2023

Electronic Signature of Signing Officer/Director Detail

Date