UNITED INSURANCE HOLDINGS CORP. Form 3 April 03, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Copechal Judy			2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol UNITED INSURANCE HOLDINGS CORP. [UIHC]			
(Last)	(First)	(Middle)	03/24/2015		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
360 CENTRAL AVE., SUITE 900					k all applicable)	· · · ·		
ST. PETERSBU	(Street) RG, FLÂ	33701				ow)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table	I - Non-Deriva	tive Securiti	ies Be	neficially Owned	
1.Title of Secu (Instr. 4)	ity			unt of Securities eially Owned ()	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•	
Common St	ock		3,252		D	Â		
Reminder: Rep owned directly		te line for each	ch class of securities be	neficially	SEC 1473 (7-02)		
	inform	ation conta	oond to the collection ined in this form are and unless the form of	e not				

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		litle	Security	Direct (D)	

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Copechal Judy 360 CENTRAL AVE. SUITE 900 ST. PETERSBURG, FL 33701	Â	Â	Chief Underwriting Officer	Â		
Signatures						
/s/ John Rohloff, Attorney-in-fact for Judy Copechal		04/03/2				
<u>**</u> Signature of Reporting Person		Date				
Explanation of Responses:						

* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.