

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000064832

FILED
Apr 17, 2009
Secretary of State

Entity Name: AMERICAN COASTAL INSURANCE COMPANY

Current Principal Place of Business:

351 SW 136 AVE, STE 201
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

351 SW 136 AVE, STE 201
DAVIE, FL 33325

New Mailing Address:

P O BOX 32487
JACKSONVILLE, FL 32237

FEI Number: 26-0280383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: REECE, HENRY W C/D
Address: 3605 GLENWOOD AVE SUITE 201
City-St-Zip: RALEIGH, NC 27612

Title: MR. () Delete
Name: PEED, ROBERT D P/D
Address: 20405 HWY 249 SUITE 430
City-St-Zip: HOUSTON, TX 77070

Title: MR. () Delete
Name: PRUETT, DAVID M V/S/D
Address: 187 W INDEPENDENCE BLVD
City-St-Zip: MT AIRY, NC 27030

Title: MS. () Delete
Name: HOLDER, ANDREA L V/T/D
Address: 3605 GLENWOOD AVE SUITE 201
City-St-Zip: RALEIGH, NC 27612

Title: MR. () Delete
Name: KING, KELLY S D
Address: 200 W 2ND ST
City-St-Zip: WINSTON-SALEM, NC 27101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR. (X) Change () Addition
Name: PEED, ROBERT D CEO/D
Address: 20405 HWY 249 SUITE 430
City-St-Zip: HOUSTON, TX 77070

Title: MR. (X) Change () Addition
Name: PRUETT, DAVID M VC/S/D
Address: 187 W INDEPENDENCE BLVD
City-St-Zip: MT AIRY, NC 27030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR. (X) Change () Addition
Name: TIMOTHY, SINGLETARY P P/D
Address: 20405 HWY 249 SUITE 430
City-St-Zip: HOUSTON, TX 77070

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIM A. MCELHINNEY

CONT

04/17/2009

Electronic Signature of Signing Officer or Director

Date