

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 02, 2010
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:

351 SW 136 AVENUE
SUITE 201
DAVIE, FL 33325

Current Mailing Address:

P O BOX 32487
JACKSONVILLE, FL 32237

New Mailing Address:

C/O LISA I. MOBERLY BB&T
200 WEST SECOND STREET 3RD FLOOR LEGAL
WINSTON-SALEM, NC 27101

FEI Number: 26-0280383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCAIL 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: PD
Name: SINGLETARY, TIMOTHY
Address: 351 SW 136 AVENUE SUITE 201
City-St-Zip: DAVIE, FL 33325

Title: SD
Name: PRUETT, DAVID M
Address: 351 SW 136 AVENUE SUITE 201
City-St-Zip: DAVIE, FL 33325

Title: TD
Name: HOLDER, ANDREA LYNN
Address: 351 SW 136 AVENUE SUITE 201
City-St-Zip: DAVIE, FL 33325

Title: D
Name: PEED, ROBERT D
Address: 351 SW 136 AVENUE SUITE 201
City-St-Zip: DAVIE, FL 33325

Title: D
Name: REECE, H. WADE
Address: 351 SW 136 AVENUE SUITE 201
City-St-Zip: DAVIE, FL 33325

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: MANDELINE HENDRICKS

POA

04/02/2010

Electronic Signature of Signing Officer or Director

Date