## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000064832

Entity Name: AMERICAN COASTAL INSURANCE COMPANY

FILED Apr 12, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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351 SW 136 AVENUE SUITE 201 DAVIE, FL 33325

Current Mailing Address: 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: Name and Address of New Registered Agent:

CHIEF FINANCAIL OFFICER STATE OF FLORIDA THE CAPITOL TALLAHASSEE, FL 32399 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

## **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: DCEO

Name: PEED, ROBERT D

Address: 351 SW 136 AVENUE SUITE 201

City-St-Zip: DAVIE, FL 33325

Title:

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 04/12/2011