

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000064832

FILED  
Apr 14, 2012  
Secretary of State

Entity Name: AMERICAN COASTAL INSURANCE COMPANY

**Current Principal Place of Business:**

351 SW 136 AVENUE  
SUITE 201  
DAVIE, FL 33325

**New Principal Place of Business:**

351 SW 136 AVENUE  
SUITE 201  
DAVIE, FL 33325 US

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

**OFFICERS AND DIRECTORS:**

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

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

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

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: MANDY HENDRICKS

POA

04/14/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date