

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90071 030 ***150.00

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1. Entity Name
AMERICAN STRATEGIC INSURANCE CORP.



Principal Place of Business Mailing Address

**805 EXECUTIVE CENTER DR W
 SUITE 300
 SAINT PETERSBURG, FL 33702 US**

**805 EXECUTIVE CENTER DR W
 SUITE 300
 SAINT PETERSBURG, FL 33702 US**

4000112



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01112008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-3459912 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code
	FL

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CS <input type="checkbox"/> Delete	TITLE	CS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASTEAU, MARC	NAME	Fasteau, Marc
STREET ADDRESS	77 SEEKONK CROSSROAD	STREET ADDRESS	77 Seekonk Crossroad
CITY-ST-ZIP	GREAT BARRINGTON, MA 01230	CITY-ST-ZIP	Great Barrington, MA 01230
TITLE	D <input type="checkbox"/> Delete	TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASON, ROBERT	NAME	Auer, John F
STREET ADDRESS	SEAVIEW HOUSE 70 SEAVIEW AVE.	STREET ADDRESS	1817 Brightwaters Blvd NE
CITY-ST-ZIP	STAMFORD, CT 069026040	CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	EVP <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILKEY, KEVIN R	NAME	Scognamiglio, Antonio
STREET ADDRESS	605 14TH AVE NE	STREET ADDRESS	1436 74th Circle NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	DPT <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUER, JOHN F	NAME	Mary Frances Fournet
STREET ADDRESS	1281 SNELL ISLE BLVD. NE	STREET ADDRESS	1817 Brightwaters Blvd NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	HENDRICK, GREG	NAME	
STREET ADDRESS	1 BERMUDIANA RD.	STREET ADDRESS	
CITY-ST-ZIP	HAMILTON HM EX, BERMUDA,	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	
NAME	STEWART, GREGORY E	NAME	
STREET ADDRESS	1436 74TH AVE N	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin M. Milkey Date: 1/14/08 Daytime Phone #: 727-821-8705 ext. 202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR