

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000071536

FILED
Feb 22, 2011
Secretary of State

Entity Name: AMERICAN STRATEGIC INSURANCE CORP.

Current Principal Place of Business:

805 EXECUTIVE CENTER DRIVE WEST
SUITE 300
ST PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

805 EXECUTIVE CENTER DRIVE WEST
SUITE 300
ST PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 59-3459912 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: CS
Name: FASTEAU, MARC CS
Address: 805 EXECUTIVE CENTER DR W # 300
City-St-Zip: ST PETERSBURG, FL 33702 US

Title: PDT
Name: AUER, JOHN F PDT
Address: 805 EXECUTIVE CENTER DR W # 300
City-St-Zip: ST PETERSBURG, FL 33702 US

Title: EVP
Name: MILKEY, KEVIN R EVP
Address: 805 EXECUTIVE CENTER DR W # 300
City-St-Zip: ST PETERSBURG, FL 33702 US

Title: D
Name: CROSS, SUSAN D
Address: 805 EXECUTIVE CENTER DR W # 300
City-St-Zip: ST PETERSBURG, FL 33702 US

Title: D
Name: HENDRICK, GREG D
Address: 805 EXECUTIVE CENTER DR W # 300
City-St-Zip: ST PETERSBURG, FL 33702 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: KEVIN R. MILKEY

EVP

02/22/2011

Electronic Signature of Signing Officer or Director

_____ Date