

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000077546

**Entity Name:** ASI HOME INSURANCE CORP.

**Current Principal Place of Business:**

1 ASI WAY N  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

1 ASI WAY N  
ST. PETERSBURG, FL 33702

**FEI Number: 56-2512990**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
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

**Officer/Director Detail :**

Title D  
Name AUER, JOHN F  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title D  
Name FASTEAU, MARC  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title EVP  
Name MILKEY, KEVIN R  
Address 1 ASI WAY N  
City-State-Zip: ST. PETERSBURG FL 33702

Title D  
Name RENWICK, GLENN M  
Address 1 ASI WAY N  
City-State-Zip: ST. PETERSBURG FL 33702

Title D  
Name DOMECK, BRIAN C  
Address 1 ASI WAY N  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name CONLIN, ANGEL  
Address 1 ASI WAY N  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name FOURNET, MARY FRANCES  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name MCCRINK, PATRICK  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

**Continues on page 2**

*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 MILKEY**

**EVP**

**03/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BRUBAKER, PHILIP  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name HILLIER, TREVOR C  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR  
Name CALLAHAN, PATRICK K  
Address 1 ASI WAY N  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name FJARE, TANYA  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name HANNON, JEFFREY  
Address 1 ASI WAY N  
City-State-Zip: ST. PETERSBURG FL 33702