

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000077546

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC5034940501**

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

**Current Principal Place of Business:**

805 EXECUTIVE CENTER DRIVE W  
SUITE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

805 EXECUTIVE CENTER DRIVE W  
SUITE 300  
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 805 EXECUTIVE CENTER DR W # 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title D  
Name FASTEAU, MARC  
Address 805 EXECUTIVE CENTER DR W # 300  
City-State-Zip: ST. PETERSBURG FL 33702

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

Title D  
Name COOPER, CHARLES  
Address 805 EXECUTIVE CENTER DRIVE W  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title D  
Name HENDRICK, GREG  
Address 805 EXECUTIVE CENTER DR W # 300  
City-State-Zip: ST PETERSBURG FL 33702

Title VP  
Name BOSTICK, ANGEL  
Address 805 EXECUTIVE CENTER DRIVE W  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name FOURNET, MARY FRANCES  
Address 805 EXECUTIVE CENTER DRIVE W  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name SCOGNAMIGLIO, ANTONIO  
Address 805 EXECUTIVE CENTER DRIVE W  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702

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*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**

**04/25/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BRUBAKER, PHILIP  
Address 805 EXECUTIVE CENTER DRIVE W  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name FJARE, TANYA  
Address 805 EXECUTIVE CENTER DRIVE W  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name HILLIER, TREVOR C  
Address 805 EXECUTIVE CENTER DRIVE W  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702