## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077546

Entity Name: RASI HOME INSURANCE CORP.

**Current Principal Place of Business:** 

1 ASI WAY

ST PETERSBURG, FL 33702

**Current Mailing Address:** 

1 ASI WAY

ST PETERSBURG. FL 33702 US

FEI Number: 56-2512990 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST.

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

FILED Mar 22, 2021

**Secretary of State** 

5331046152CC

Officer/Director Detail:

Title PRESIDENT, CEO, DIRECTOR Title

Name PRATT, DAVID LLOYD Name O'NUALLAIN, KELLIE A.

Address 1 ASI WAY Address 1 ASI WAY

City-State-Zip: ST PETERSBURG FL 33702 City-State-Zip: ST PETERSBURG FL 33702

Title TREASURER, DIRECTOR Title VP, SECRETARY

Name PLESS, ALBERT G. Name SUNDBERG, KATHLEEN

Address 1 ASI WAY Address 1 ASI WAY

City-State-Zip: ST PETERSBURG FL 33702 City-State-Zip: ST PETERSBURG FL 33702

Title VP, DIRECTOR Title VP

Name FJARE, TANYA JUDITH Name BATES, SHERRI

Address 1 ASI WAY Address 1 ASI WAY

City-State-Zip: ST PETERSBURG FL 33702 City-State-Zip: ST PETERSBURG FL 33702

Title VP, DIRECTOR

Name MCCRINK, PATRICK T.

Address 1 ASI WAY

City-State-Zip: ST PETERSBURG FL 33702

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: DAVID LLOYD PRATT

PRESIDENT, CEO, DIRECTOR, BY LAUREN DUEMIG, ATTORNEY-IN-FACT

DIRECTOR

03/22/2021