

**2019 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            PRESIDENT, CEO  
Name            AUER, JOHN F  
Address        1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title            D  
Name            O'NUALLAIN , KELLIE  
Address        1 ASI WAY N  
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: AUER , JOHN F**

**PRESIDENT**

**04/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date