

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000082257

**Entity Name:** MAIN STREET AMERICA ASSURANCE COMPANY

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**9022682009CC**

**Current Principal Place of Business:**

4601 TOUCHTON ROAD EAST  
SUITE 3400  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

4601 TOUCHTON ROAD EAST  
SUITE 3400  
JACKSONVILLE, FL 32246 US

**FEI Number:** 02-0405443

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
120 HAYS STREET  
TALLAHASSEE, FL 32301 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:** LYNETTE COLEMAN

04/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name POWELL, LAUREN K  
Address 4601 TOUCHTON ROAD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT, DIRECTOR  
Name LISTAU, CHRISTOPHER R.  
Address 4601 TOUCHTON ROAD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER, DIRECTOR  
Name VAN BEEK, TROY P  
Address 4601 TOUCHTON ROAD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name ROSE, ANDREW S  
Address 4601 TOUCHTON ROAD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name VAUGHN, RICHARD C  
Address 4601 TOUCHTON ROAD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title ASST. TREASURER  
Name FREITAS, JOSEPH D.  
Address 4601 TOUCHTON ROAD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title ASST. TREASURER  
Name SCHRADER, PETER H  
Address 4601 TOUCHTON ROAD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title ASST. TREASURER  
Name GRASEE, KARI E  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

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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:** LAUREN K. POWELL

**SECRETARY**

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name SZTUCZKO, THERESA K  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title ASST. SECRETARY  
Name FAUST, CODY C  
Address 4601 TOUCHTON ROAD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246