

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000064832

Entity Name: AMERICAN COASTAL INSURANCE COMPANY

Current Principal Place of Business:

800 2ND AVENUE SOUTH
ST. PETERSBURG, FL 33701

Current Mailing Address:

800 2ND AVENUE SOUTH
ST. PETERSBURG, FL 33701 US

FEI Number: 26-0280383

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
STATE OF FLORIDA
THE CAPITOL
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 CFO
Name MARTZ, BENNETT BRADFORD
Address 800 2ND AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name BRANCH, CREGORY C.
Address 800 2ND AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title D
Name POITEVINT, ALEC L III
Address 800 2ND AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title D
Name WHITTEMORE, KENT G.
Address 800 2ND AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title D
Name DAVIS, KERN M.
Address 800 2ND AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title D
Name HOOD, WILLIAM H III
Address 800 2ND AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title D
Name HUDSON, SHERRILL W. III
Address 800 2ND AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title PRESIDENT, DIRECTOR, CHAIRMAN
Name PEED, ROBERT D
Address 800 2ND AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

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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: BENNETT BRADFORD MARTZ

CFO

01/31/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title D
Name HOGAN, MICHAEL R.
Address 800 2ND AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title OFFICER
Name ST. JOHN, SCOTT
Address 800 2ND AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title D
Name MARONEY, PATRICK F.
Address 800 2ND AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title OFFICER
Name GRIFFITH, CHRIS
Address 800 2ND AVE S
City-State-Zip: ST PETERSBURG FL 33701