

**2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000064832

**FILED**  
**Sep 13, 2018**  
**Secretary of State**  
**CC8884897290**

**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 FINANCAIL 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 PD  
Name FORNEY, JOHN L.  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title T  
Name GRAY, ANDREW  
Address C/O AMRISC, LLC  
20405 STATE HWY.249 SUITE 430  
City-State-Zip: HOUSTON TX 77070

Title CD  
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

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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:** JOHN L. FORNEY

**PRESIDENT**

**09/13/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title SECRETARY  
Name DIFRANCESCO, PAUL F  
Address 800 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701