

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000064832

Entity Name: AMERICAN COASTAL INSURANCE COMPANY

Current Principal Place of Business:

351 SW 136 AVENUE, SUITE 201
DAVIE, FL 33325

Current Mailing Address:

C/O KATRINA D RAMEY
200 WEST SECOND STREET, 3RD FLOOR
WINSTON-SALEM, NC 27101 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 PRESIDENT, DIRECTOR
Name SINGLETARY, TIMOTHY
Address 351 SW 136 AVENUE, SUITE 201
City-State-Zip: DAVIE FL 33325

Title SECRETARY, DIRECTOR
Name PRUETT, DAVID M.
Address 351 SW 136 AVENUE, SUITE 201
City-State-Zip: DAVIE FL 33325

Title CFO, DIRECTOR
Name HOLDER, ANDREA LYNN
Address 351 SW 136 AVENUE, SUITE 201
City-State-Zip: DAVIE FL 33325

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 M. PRUETT

SECRETARY

04/05/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date