

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000064832

**FILED
Jun 04, 2015
Secretary of State
CC7927727326**

Entity Name: AMERICAN COASTAL INSURANCE COMPANY

Current Principal Place of Business:

1300 SAWGRASS CORPORATE PARKWAY
SUITE 144
SUNRISE, FL 33323

Current Mailing Address:

C/O LAURA BECKMANN
20405 HIGHWAY 249 SUITE 430
HOUSTON, TX 77070 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 1300 SAWGRASS CORPORATE
 PARKWAY
 SUITE 144
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR, CEO
Name PEED, R. DANIEL
Address 1300 SAWGRASS CORPORATE
 PARKWAY
 SUITE 144
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR, CHIEF UNDERWRITING
 OFFICER
Name REID, BRIAN LANIER
Address 1300 SAWGRASS CORPORATE
 PARKWAY
 SUITE 144
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR, CHIEF ADMINISTRATIVE
 OFFICER
Name BECKMANN, LAURA R.
Address 1300 SAWGRASS CORPORATE
 PARKWAY
 SUITE 144
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name HANSON, CURTIS SCOTT
Address 1300 SAWGRASS CORPORATE
 PARKWAY
 SUITE 144
City-State-Zip: SUNRISE FL 33323

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: LAURA R. BECKMANN

**CHIEF ADMINISTRATIVE 06/04/2015
OFFICER, DIRECTOR**

Electronic Signature of Signing Officer/Director Detail

Date