

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 28, 2017
Secretary of State
CC9354044165

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

Title S
Name SALMON, KIMBERLY A.
Address 800 2ND AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

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

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

Title D
Name POITEVINT, ALEC L. II
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

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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: KIMBERLY A. SALMON

DIRECTOR, CHIEF
ADMINISTRATIVE
OFFICER

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name HUDSON, SHERRILL W
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 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