

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000064832

**FILED**  
**Jun 12, 2024**  
**Secretary of State**  
**3144543376CC**

**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:** NOT REQUIRED

06/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRIFFITH, CHRIS  
Address        800 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

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

Title            CFO  
Name            CASTLE, SVETLANA  
Address        800 2ND AVENUE SOUTH  
City-State-Zip: ST.PETERSBURG FL 33701

Title            OFFICER, DIRECTOR  
Name            GRAY, J. ANDY  
Address        800 2ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

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

*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:** CHRIS GRIFFITH

**PRESIDENT**

06/12/2024

Electronic Signature of Signing Officer/Director Detail

Date