

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000061597

Entity Name: ANCHOR INSURANCE HOLDINGS, INC.

Current Principal Place of Business:

5959 CENTRAL AVENUE, SUITE 200
ST. PETERSBURG, FL 33710

Current Mailing Address:

5959 CENTRAL AVENUE, SUITE 200
ST. PETERSBURG, FL 33710 US

FEI Number: 47-1455170

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROTLEWICZ, ALLAN J
5959 CENTRAL AVENUE, SUITE 200
ST. PETERSBURG, FL 33710 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 DIRECTOR
Name KERKAR, PRAMOD
Address 5959 CENTRAL AVENUE, SUITE 200
City-State-Zip: ST. PETERSBURG FL 33710

Title CFO
Name WEINER, DAVID
Address 5959 CENTRAL AVENUE, SUITE 200
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR, PRESIDENT, CEO
Name KATZ, BRIAN
Address 5959 CENTRAL AVENUE, SUITE 200
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR
Name HOOKER, KYLE
Address 5959 CENTRAL AVENUE, SUITE 200
City-State-Zip: ST. PETERSBURG FL 33710

Title SECRETARY
Name ROTLEWICZ, ALLAN
Address 5959 CENTRAL AVENUE, SUITE 200
City-State-Zip: ST. PETERSBURG FL 33710

Title CHAIRMAN, DIRECTOR
Name BOWMAN, DANIEL
Address 5959 CENTRAL AVENUE, SUITE 200
City-State-Zip: ST. PETERSBURG FL 33710

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: ALLAN ROTLEWICZ

SECRETARY

06/24/2020

Electronic Signature of Signing Officer/Director Detail

Date