

**2015 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:**

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.  
14 EAST BAY STREET  
JACKSONVILLE, FL 32202 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 CHAIRMAN, DIRECTOR  
Name ZAGARIS, VARNAVAS  
Address 5959 CENTRAL AVENUE, SUITE 200  
City-State-Zip: ST. PETERSBURG FL 33710

Title D  
Name KERKAR, PRAMOD  
Address 5959 CENTRAL AVENUE, SUITE 200  
City-State-Zip: ST. PETERSBURG FL 33710

Title D  
Name MOELLER, BRENDAN  
Address 5959 CENTRAL AVENUE, SUITE 200  
City-State-Zip: ST. PETERSBURG FL 33710

Title D, PRESIDENT, SECRETARY  
Name SATTLER, MITCHEL  
Address 5959 CENTRAL AVENUE, SUITE 200  
City-State-Zip: ST. PETERSBURG FL 33710

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

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

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

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

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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:** JENNIFER PINTACUDA

**CHIEF FINANCIAL  
OFFICER**

**05/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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