

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000071536

Entity Name: AMERICAN STRATEGIC INSURANCE CORP.

Current Principal Place of Business:

1 ASI WAY
ST PETERSBURG, FL 33702

Current Mailing Address:

1 ASI WAY
ST PETERSBURG, FL 33702 US

FEI Number: 59-3459912

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
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
Name FJARE, TANYA J.
Address 1 ASI WAY
City-State-Zip: ST PETERSBURG FL 33702

Title TREASURER
Name BRENNAN, PATRICK S.
Address 6300 WILSON MILLS ROAD
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title SECRETARY
Name SUNDBERG, KATHLEEN A.
Address 1 ASI WAY
City-State-Zip: ST PETERSBURG FL 33702

Title VP
Name MCCRINK, PATRICK T.
Address 1 ASI WAY
City-State-Zip: ST PETERSBURG FL 33702

Title VICE PRESIDENT:
Name BATES, SHERRI
Address 1 ASI WAY
City-State-Zip: ST PETERSBURG FL 33702

Title VP
Name PLESS, ALBERT G.
Address 1 ASI WAY
City-State-Zip: ST PETERSBURG FL 33702

Title VP
Name SUNDBERG, KATHLEEN A.
Address 1 ASI WAY
City-State-Zip: ST PETERSBURG FL 33702

Title VP
Name CAVELL, MICHELLE C.
Address 6300 WILSON MILLS ROAD
City-State-Zip: MAYFIELD VILLAGE OH 44143

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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: KATHLEEN A. SUNDBERG

**SECRETARY BY SARAY 08/30/2023
DJIDJI, ATTORNEY IN
FACT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT TREASURER
Name KUSMER, JAMES L.
Address 6300 WILSON MILLS ROAD
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title ASSISTANT SECRETARY
Name CREWS, CHRISTINA L.
Address 6300 WILSON MILLS ROAD
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title ASSISTANT VP
Name STRASSER, ANN C.
Address 6300 WILSON MILLS ROAD
City-State-Zip: MAYFIELD VILLAGE OH 44143