**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 10, 2025**
**Secretary of State**
**0784241885CC**

DOCUMENT# F12000003836

**Entity Name:** AMERICAN COASTAL INSURANCE HOLDINGS CORPORATION

**Current Principal Place of Business:**

570 CARILLON PARKWAY, SUITE 100
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

570 CARILLON PARKWAY, SUITE 100
ST. PETERSBURG, FL 33716 US

**FEI Number: 75-3241967**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301 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, CEO |
| Name | MARTZ, BENNETT B |
| Address | 570 CARILLON PARKWAY<br>SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | POITEVINT, ALEC L II |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HOOD, WILLIAM H III |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HUDSON, SHERRILL W |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

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|---|---|
| Title | DIRECTOR |
| Name | BRANCH, GREGORY C |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

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|---|---|
| Title | DIRECTOR |
| Name | WHITTEMORE, KENT G |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

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|---|---|
| Title | DIRECTOR |
| Name | DAVIS, KERN M |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

| | |
|---|---|
| Title | EXECUTIVE CHAIRMAN OF THE BOARD OF DIRECTORS |
| Name | PEED, ROBERT D |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

**Continues on page 2**

*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: BROOKE ADLER — GENERAL COUNSEL, SECRETARY — 04/10/2025

Electronic Signature of Signing Officer/Director Detail — Date

## Officer/Director Detail Continued :

| | |
|---|---|
| Title | DIRECTOR |
| Name | MARONEY, PATRICK F |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

| | |
|---|---|
| Title | CHIEF INFORMATION OFFICER |
| Name | GRIFFITH, CHRIS |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

| | |
|---|---|
| Title | CFO |
| Name | CASTLE, SVETLANA |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

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|---|---|
| Title | GENERAL COUNSEL, SECRETARY |
| Name | ADLER, BROOKE |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HOGAN, MICHAEL R |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

| | |
|---|---|
| Title | CHIEF COMPLIANCE AND RISK OFFICER |
| Name | GRAY, ANDY |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

| | |
|---|---|
| Title | VP OF DATA ANALYTICS |
| Name | KNEPLER, LEE |
| Address | 570 CARILLON PARKWAY, SUITE 100 |
| City-State-Zip: | ST. PETERSBURG FL 33716 |