

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000077546

**Entity Name:** RASI HOME 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:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

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

Title            TREASURER  
Name            BRENNAN, PATRICK S.  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

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

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

Title            VP  
Name            CAVELL, MICHELLE C.  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title            VICE PRESIDENT AND ASSISTANT  
TREASURER  
Name            HOPKINS, BRANDON M.  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

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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:** KELLIE A. O'NUALLAIN

**DIRECTOR, BY JON-  
MICHAEL SANCHEZ,  
ATTORNEY-IN-FACT**

**04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name O'NUALLAIN, KELLIE A.  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR  
Name CONOVER, CHARLES E.  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR  
Name DAY, HEATHER E.  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702