

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000018185

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC9000310383**

**Entity Name:** ASI PREFERRED 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:** 26-1996532

**Certificate of Status Desired:** No

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

MILKEY, KEVIN R  
1 ASI WAY  
ST PETERSBURG, FL 33702 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 PDT  
Name AUER, JOHN  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title EVP  
Name MILKEY, KEVIN  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title CS  
Name FASTEAU, MARC  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title D  
Name DOMECK, BRIAN C  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title D  
Name RENWICK, GLENN M  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title VP  
Name CONLIN, ANGEL VP  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title VP  
Name FOURNET, MARY FRANCES  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title VP  
Name MCCRINK, PATRICK  
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: KEVIN MILKEY**

**EVP**

**03/09/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BRUBAKER, PHILIP  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title VP  
Name HILLIER, TREVOR  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR  
Name CALLAHAN, PATRICK K  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title VP  
Name FJARE, TANYA  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title VP  
Name HANNON, JEFFREY  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702