

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000018185

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: NOT APPLICABLE

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 / 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 VICE PRESIDENT / DIRECTOR
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

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: 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 PRATT, DAVID LLOYD
Address 1 ASI WAY
City-State-Zip: ST PETERSBURG FL 33702