2020 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: 26-1996532 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 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: RYAN MULLIGAN, ATTORNEY-IN-FACT 03/16/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, CEO, DIRECTOR Title TREASURER

Name PRATT, DAVID LLOYD Name PLESS, GARRETT

Address 1 ASI WAY Address 1 ASI WAY

City-State-Zip: ST PETERSBURG FL 33702 City-State-Zip: ST PETERSBURG FL 33702

Title VP, SECRETARY Title VP, DIRECTOR

Name SUNDBERG, KATHLEEN Name FJARE, TANYA JUDITH

Address 1 ASI WAY Address 1 ASI WAY

City-State-Zip: ST PETERSBURG FL 33702 City-State-Zip: ST PETERSBURG FL 33702

Title VP Title VP

Name BATES, SHERRI Name MCCRINK, PATRICK THOMAS

Address 1 ASI WAY Address 1 ASI WAY

City-State-Zip: ST PETERSBURG FL 33702 City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR Title DIRECTOR

Name DOMECK, BRIAN CHARLES Name MILKEY, KEVIN ROBERT

Address 1 ASI WAY Address 1 ASI WAY

City-State-Zip: ST PETERSBURG FL 33702 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: KATHLEEN SUNDBERG

SECRETARY, CARRIONE BERKELEY ATTORNEY-IN-FACT 03/16/2020

FILED Mar 16, 2020

Secretary of State

3640539657CC

Date

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR, CHAIRMAN Name AUER, JOHN FRANKLIN

Address 1 ASI WAY

City-State-Zip: ST PETERSBURG FL 33702