

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000004816

**FILED**  
**Jan 18, 2023**  
**Secretary of State**  
**5015597283CC**

**Entity Name:** US COASTAL PROPERTY & CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

409 NW 138 TERR  
JONESTVILLE, FL 32669

**Current Mailing Address:**

P.O. BOX 357965  
GAINESVILLE, FL 32635 US

**FEI Number:** 61-1778403

**Certificate of Status Desired:** Yes

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

CHIEF FINANCIAL OFFICER  
PO BOX 6200  
200 E GAINES ST  
TALLAHASSEE, FL 32314-6200 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 D  
Name MCNITT, MICHAEL L  
Address 409 NW 138 TERR  
City-State-Zip: JONESTVILLE FL 32669

Title D  
Name MCNITT, ROGER L  
Address 409 NW 138 TERR  
City-State-Zip: JONESTVILLE FL 32669

Title D  
Name LOSHONKOHL, RONDA L  
Address 409 NW 138 TERR  
City-State-Zip: JONESTVILLE FL 32669

Title D  
Name HERSHMAN, JEFFREY R  
Address 409 NW 138 TERR  
City-State-Zip: JONESTVILLE FL 32669

Title DIRECTOR  
Name ROTH, RICHARD  
Address 409 NW 138 TERR  
City-State-Zip: JONESTVILLE FL 32669

*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:** MICHAEL MCNITT

**DIRECTOR**

**01/18/2023**

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

\_\_\_\_\_  
Date