

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000071536

Entity Name: AMERICAN STRATEGIC 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:** 59-3459912**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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	CS
Name	FASTEAU, MARC
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	D
Name	DOMECK, BRIAN C
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	PDT
Name	AUER, JOHN
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
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: MARC FASTEAU**CS, BY SARAH MEEHAN, 04/18/2018**
ATTORNEY-IN-FACT_____
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