2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2025
Secretary of State
8170293429CC

DOCUMENT# P97000071536

Entity Name: AMERICAN STRATEGIC INSURANCE CORP.

Current Principal Place of Business:

2 ASI WAY N
ST. PETERSBURG, FL 33702

Current Mailing Address:

2 ASI WAY N
ST. PETERSBURG, FL 33702 US

FEI Number: 59-3459912

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	SPECIAL SECRETARY
Name	JAYSEUS, JUNIOR
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	ASSISTANT VICE PRESIDENT
Name	STRASSER, ANN C.
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	PRESIDENT
Name	CURTISS, JOHN A. JR.
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	DIRECTOR
Name	CONOVER, CHARLES E.
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	VP
Name	HOPKINS, BRANDON M.
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	DIRECTOR
Name	SCHMIEDT, PATRICK SHAUN
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	SECRETARY
Name	SUNDBERG, KATHLEEN
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	DIRECTOR
Name	O'NUALLAIN, KELLIE
Address	2 ASI WAY N
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: JUNIOR JAYSEUS SPECIAL SECRETARY 02/28/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MCCRINK, PATRICK T.
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	ASSISTANT TREASURER
Name	HOPKINS, BRANDON M.
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	VP
Name	MCCRINK, PATRICK T.
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	VP
Name	PLESS, ALBERT G.
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	VP
Name	CAVELL, MICHELLE C.
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	TREASURER
Name	KUSMER, JAMES L.
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	ASSISTANT SECRETARY
Name	CREWS, CHRISTINA L.
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	VP
Name	BATES, SHERRI
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	VP
Name	SUNDBERG, KATHLEEN
Address	2 ASI WAY N
City-State-Zip:	ST. PETERSBURG FL 33702