

1.) CORPORATION NAME:

**AMERICAN STRATEGIC INSURANCE CORP.**

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI NATIONAL REGISTERED AGENTS INC**  
**4001 North Ninth Street, Suite 227**  
**ARLINGTON, VA 22203**

SCC ID NO: **F1741687**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 805 EXECUTIVE CENTER DRIVE WEST, STE. 300

CITY/ST/ZIP: ST. PETERSBURG, FL 33702-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN AUER, JR  
TITLE: PRESIDENT/TREAS  
ADDRESS: 805 EXECUTIVE CENTER DR W  
SUITE 300  
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702-

OFFICER

DIRECTOR

NAME: MARY FRANCES FOURNET  
TITLE: VICE PRESIDENT  
ADDRESS: 805 EXECUTIVE CENTER DR W SUITE 300  
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702-

OFFICER

DIRECTOR

NAME: KEVIN MILKEY  
TITLE: ASST SEC/DIR  
ADDRESS: 805 EXECUTIVE CENTER DR W SUITE 300  
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702-

OFFICER

DIRECTOR

NAME: TREVOR HILLIER  
TITLE: VICE PRESIDENT  
ADDRESS: 805 EXECUTIVE CENTER DR W  
SUITE 300  
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702-

OFFICER

DIRECTOR

NAME: MARC FASTEAU  
TITLE: CHAIR/SECRETARY  
ADDRESS: 805 EXECUTIVE CENTER DR W SUITE 300  
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGEL BOSTICK VICE PRESIDENT 805 EXECUTIVE CENTER DR W SUITE 300 ST PETERSBURG, FL 33702-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP BRUBAKER VICE PRESIDENT 805 EXECUTIVE CENTER DR W SUITE 300 ST PETERSBURG, FL 33702-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TANYA FJARE VICE PRESIDENT 805 EXECUTIVE CENTER DR W SUITE 300 ST PETERSBURG, FL 33702-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN CROSS DIRECTOR 805 EXECUTIVE CENTER DR W SUITE 300 ST PETERSBURG, FL 33702-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTONIO SCOGNAMIGLIO VICE PRESIDENT 805 EXECUTIVE CENTER DR W SUITE 300 ST PETERSBURG, FL 33702-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY SCOTT HENDRICK DIRECTOR 805 EXECUTIVE CENTER DR W SUITE 300 ST PETERSBURG, FL 33702-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ KEVIN MILKEY	KEVIN MILKEY, ASST SEC/DIR	2/20/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		