

1.) CORPORATION NAME:

**AMERICAN STRATEGIC INSURANCE CORP.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1741687**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO 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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/TREAS		
ADDRESS:	805 EXECUTIVE CENTER DR W SUITE 300		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33702		
NAME:	ANGEL BOSTICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	805 EXECUTIVE CENTER DR W SUITE 300		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33702		
NAME:	PHILIP BRUBAKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	805 EXECUTIVE CENTER DR W SUITE 300		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33702		
NAME:	TANYA FJARE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	805 EXECUTIVE CENTER DR W SUITE 300		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33702		
NAME:	MARY FRANCES FOURNET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	805 EXECUTIVE CENTER DR W SUITE 300		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33702		

NAME: TREVOR HILLIER TITLE: VICE PRESIDENT ADDRESS: 805 EXECUTIVE CENTER DR W SUITE 300 CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANTONIO SCOGNAMIGLIO TITLE: VICE PRESIDENT ADDRESS: 805 EXECUTIVE CENTER DR W SUITE 300 CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KEVIN MILKEY TITLE: ASST SEC/DIR ADDRESS: 805 EXECUTIVE CENTER DR W SUITE 300 CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARC FASTEAU TITLE: CHAIR/SECRETARY ADDRESS: 805 EXECUTIVE CENTER DR W SUITE 300 CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SUSAN CROSS TITLE: DIRECTOR ADDRESS: 805 EXECUTIVE CENTER DR W SUITE 300 CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GREGORY SCOTT HENDRICK TITLE: DIRECTOR ADDRESS: 805 EXECUTIVE CENTER DR W SUITE 300 CITY/ST/ZIP/CO: 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	1/3/2013
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.		