

1.) CORPORATION NAME:

AMERICAN STRATEGIC INSURANCE CORP.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1741687**

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: 1 ASI WAY

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.

<p>NAME: JOHN AUER TITLE: PRESIDENT/TREAS ADDRESS: 1 ASI WAY CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ANGEL BOSTICK TITLE: VICE PRESIDENT ADDRESS: 1 ASI WAY CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PHILIP BRUBAKER TITLE: VICE PRESIDENT ADDRESS: 1 ASI WAY CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TANYA FJARE TITLE: VICE PRESIDENT ADDRESS: 1 ASI WAY CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARY FRANCES FOURNET TITLE: VICE PRESIDENT ADDRESS: 1 ASI WAY CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TREVOR HILLIER TITLE: VICE PRESIDENT ADDRESS: 1 ASI WAY CITY/ST/ZIP/CO: ST PETERSBURG, FL 33702</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTONIO SCOGNAMIGLIO VICE PRESIDENT 1 ASI WAY ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN MILKEY ASST SEC/DIR 1 ASI WAY ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC FASTEAU CHAIR/SECRETARY 1 ASI WAY ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY SCOTT HENDRICK DIRECTOR 1 ASI WAY ST PETERSBURG, FL 33702	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES COOPER DIRECTOR 1 ASI WAY ST. PETERBURG, 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/ JOHN AUER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN AUER, PRESIDENT/TREAS PRINTED NAME AND CORPORATE TITLE	2/21/2014 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.			