

In response to a FLOIR inquiry regarding the 2016 PCCY (Filing Number 17-09390), the Company is Amending the 2016 State Page column 6 and SchT Column 6 from \$35,937,339 to \$39,005,339. The Company is also amending column 9 of the State Page from \$4,060,000 to \$4,060,919.

In researching the discrepancy we found that when we amended the 2016 state page on March 31, 2017 it was to adjust to the actuarial amount for DCC. We inadvertently amended both DCC and Losses incurred by the same number. Therefore we are amending the State Page, Sch T and the IEE to agree to the appropriated incurred losses.



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

American Coastal Insurance Company

NAIC Group Code _____ NAIC Company Code 12968 Employer's ID Number 26-0280383
(Current) (Prior)

Organized under the Laws of _____, State of Domicile or Port of Entry FL
Country of Domicile _____

Incorporated/Organized 06/01/2007 Commenced Business 06/01/2007

Statutory Home Office 1300 Sawgrass Corporate Parkway Suite 144, Sunrise, FL, US 33323
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1300 Sawgrass Corporate Parkway Suite 144
(Street and Number)
Sunrise, FL, US 33323, 954-889-3384
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1300 Sawgrass Corporate Parkway Suite 144, Sunrise, FL, US 33323
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1300 Sawgrass Corporate Parkway Suite 144
(Street and Number)
Sunrise, FL, US 33323, 954-889-3384
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.amcoastal.com

Statutory Statement Contact Andy Gray, 832-478-5657
(Name) (Area Code) (Telephone Number)
agray@amcoastal.com, 877-535-4375
(E-mail Address) (FAX Number)

OFFICERS

Chairman & CEO Robert Daniel Peed Chief Financial Officer James Andrew Gray Jr
Vice President & Secretary Laura Renay Beckmann Chief Underwriting Officer Brian Lanier Reid

OTHER

DIRECTORS OR TRUSTEES

Robert Daniel Peed James Andrew Gray Jr Laura Renay Beckmann
Brian Lanier Reid Curtis Scott Hanson Patrick Francis Maroney
Michael Randolph Hogan Timothy Patrick Singletary

State of _____ SS:
County of _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Subscribed and sworn to before me this _____ day of _____

- a. Is this an original filing? Yes [] No [X]
b. If no,
1. State the amendment number.....4
2. Date filed11/29/2017
3. Number of pages attached..... 3

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama	AL	N							0
2. Alaska	AK	N							0
3. Arizona	AZ	N							0
4. Arkansas	AR	N							0
5. California	CA	N							0
6. Colorado	CO	N							0
7. Connecticut	CT	N							0
8. Delaware	DE	N							0
9. District of Columbia	DC	N							0
10. Florida	FL	L	250,212,939	275,322,279	0	36,104,050	39,005,339	44,459,000	0
11. Georgia	GA	N							0
12. Hawaii	HI	N							0
13. Idaho	ID	N							0
14. Illinois	IL	N							0
15. Indiana	IN	N							0
16. Iowa	IA	N							0
17. Kansas	KS	N							0
18. Kentucky	KY	N							0
19. Louisiana	LA	N							0
20. Maine	ME	N							0
21. Maryland	MD	N							0
22. Massachusetts	MA	N							0
23. Michigan	MI	N							0
24. Minnesota	MN	N							0
25. Mississippi	MS	N							0
26. Missouri	MO	N							0
27. Montana	MT	N							0
28. Nebraska	NE	N							0
29. Nevada	NV	N							0
30. New Hampshire	NH	N							0
31. New Jersey	NJ	N							0
32. New Mexico	NM	N							0
33. New York	NY	N							0
34. North Carolina	NC	N							0
35. North Dakota	ND	N							0
36. Ohio	OH	N							0
37. Oklahoma	OK	N							0
38. Oregon	OR	N							0
39. Pennsylvania	PA	N							0
40. Rhode Island	RI	N							0
41. South Carolina	SC	N							0
42. South Dakota	SD	N							0
43. Tennessee	TN	N							0
44. Texas	TX	N							0
45. Utah	UT	N							0
46. Vermont	VT	N							0
47. Virginia	VA	N							0
48. Washington	WA	N							0
49. West Virginia	WV	N							0
50. Wisconsin	WI	N							0
51. Wyoming	WY	N							0
52. American Samoa	AS	N							0
53. Guam	GU	N							0
54. Puerto Rico	PR	N							0
55. U.S. Virgin Islands	VI	N							0
56. Northern Mariana Islands	MP	N							0
57. Canada	CAN	N							0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Totals	(a) 1	250,212,939	275,322,279	0	36,104,050	39,005,339	44,459,000	0	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation of premiums by states, etc.

(a) Insert the number of L responses except for Canada and Other Alien.