2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# P05000110432

Entity Name: AMERICAN TRADITIONS INSURANCE COMPANY

Current Principal Place of Business:

1528 LAKEVIEW RD
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5400
LARGO, FL 33779

New Mailing Address:

FEI Number: 20-3159417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLACKLIDGE, RAYMOND M
1528 LAKEVIEW RD
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CEOD	( ) Delete
Name:	JERGER, THOMAS J	
Address:	5900 98TH AVENUE N	
City-St-Zip:	PINELLAS PARK, FL 33782	
Title:	PD	( ) Delete
Name:	JERGER, T JOHN JR	
Address:	1961 COVE LANE	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	SD3	( ) Delete
Name:	BLACKLIDGE, RAYMOND M	
Address:	28810 FALLING LEAVES WAY	
City-St-Zip:	WESLEY CHAPEL, FL 33543	
Title:	D	( ) Delete
Name:	JERGER, RICHARD M	
Address:	7963 9TH AVENUE SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 34665	
Title:	COOD	( ) Delete
Name:	VATTER, DOUGLAS F	
Address:	8 RIVERSIDE DRIVE	
City-St-Zip:	CORNWALL ON HUDSON, NY 12520	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	( ) Change (X) Addition
Name:	ADAMSKI, BRIAN	
Address:	5414 AVENAL DRIVE	
City-St-Zip:	LUTZ, FL 33558 US	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAYMOND M. BLACKLIDGE S 03/20/2007

Electronic Signature of Signing Officer or Director — Date