

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 18, 2011
Secretary of State

Entity Name: AMERICAN TRADITIONS INSURANCE COMPANY

Current Principal Place of Business:

7785 66TH STREET NORTH
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

7785 66TH STREET
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 20-3159417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES STREET
TALLAHASSEE, FL 32399 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: JERGER, THOMAS J
Address: 5900 98TH AVENUE N
City-St-Zip: PINELLAS PARK, FL 33782

Title: PD
Name: JERGER, T JOHN JR
Address: 245 46TH AVENUE
City-St-Zip: ST. PETE BEACH, FL 33706

Title: SD3
Name: BLACKLIDGE, RAYMOND M
Address: 7785 66TH STREET
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: D
Name: JERGER, RICHARD M
Address: 7963 9TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 34665

Title: COOD
Name: VATTER, DOUGLAS F
Address: 8 RIVERSIDE DRIVE
City-St-Zip: CORNWALL ON HUDSON, NY 12520

Title: T
Name: ADAMSKI, BRIAN
Address: 5414 AVENAL DRIVE
City-St-Zip: LUTZ, FL 33558 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS J. JERGER

CEOD

03/18/2011

Electronic Signature of Signing Officer or Director

Date