2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110432

FILED Feb 10, 2012 Secretary of State

Entity Name: AMERICAN TRADITIONS INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

7785 66TH STREET

PINELLAS PARK, FL 33781 US

Current Mailing Address: New Mailing Address:

7785 66TH STREET

PINELLAS PARK, FL 33781 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: CEOD

 Name:
 JERGER, THOMAS J

 Address:
 5900 98TH AVENUE N

 City-St-Zip:
 PINELLAS PARK, FL 33782 US

Title: PD

Name: JERGER, T JOHN JR Address: 245 46TH AVENUE

City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: CFOD

Name: ADAMSKI, BRIAN J

Address: 5526 GARDEN ARBOR DRIVE

City-St-Zip: LUTZ, FL 33558 US

Title: SD

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

Title: VPD

 Name:
 HURLEY, DAN L

 Address:
 5815 NEW PARIS WAY

 City-St-Zip:
 ELLENTON, FL 34222 US

Title: CD

 Name:
 LOCKE, JUSTIN D

 Address:
 7320 LEXINGTON LANE

 City-St-Zip:
 LARGO, FL 33764 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: RAYMOND BLACKLIDGE SD 02/10/2012