2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2017
Secretary of State
CC1792986491

DOCUMENT# P05000110432

Entity Name: AMERICAN TRADITIONS INSURANCE COMPANY

Current Principal Place of Business:

7785 66TH STREET
PINELLAS PARK, FL 33781

Current Mailing Address:

7785 66TH STREET
PINELLAS PARK, FL 33781 US

FEI Number: 20-3159417

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST 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

Officer/Director Detail :

Title	CEO, CHAIRMAN, DIRECTOR
Name	JERGER, THOMAS J
Address	7785 66TH STREET
City-State-Zip:	PINELLAS PARK FL 33781

Title	CFOD
Name	ADAMSKI, BRIAN J
Address	5526 GARDEN ARBOR DRIVE
City-State-Zip:	LUTZ FL 33558

Title	VP, DIRECTOR
Name	HURLEY, DAN L
Address	5815 NEW PARIS WAY
City-State-Zip:	ELLENTON FL 34222

Title	DIRECTOR
Name	YANCHUCK, JOEL P
Address	PO BOX 4192
City-State-Zip:	ST PETERSBURG FL 33731

Title	PRESIDENT, DIRECTOR
Name	JERGER, T JOHN
Address	7785 66TH STREET
City-State-Zip:	PINELLAS PARK FL 33781

Title	EXECUTIVE VP, GENERAL COUNSEL & CORPORATE SECRETARY, DIRECTOR
Name	BLACKLIDGE, RAYMOND M
Address	7785 66TH STREET
City-State-Zip:	PINELLAS PARK FL 33781

Title	COMPTROLLER, DIRECTOR
Name	LOCKE, JUSTIN D
Address	7320 LEXINGTON LANE
City-State-Zip:	LARGO FL 33764

Title	DIRECTOR
Name	HALL, GREGORY S
Address	850 CLUB CHASE LANE
City-State-Zip:	ROSWELL GA 30076

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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 M BLACKLIDGE SECRETARY 04/30/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	JERGER, RICHARD M JR
Address	7963 9TH AVENUE S
City-State-Zip:	ST PETERSBURG FL 33707

Title	DIRECTOR
Name	LINDGREN, KETIH CPA
Address	105 NORTHEAST 183RD STREET
City-State-Zip:	MIAMI FL 33179