

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005597

FILED
Jan 21, 2009
Secretary of State

Entity Name: AMERICAN SENTINEL INSURANCE COMPANY

Current Principal Place of Business:

2407 PARK DRIVE
HARRISBURG, PA 17110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61140
HARRISBURG, PA 171061140

New Mailing Address:

FEI Number: 23-1620342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARTH, D E PRESIDE
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PD () Delete
Name: FRITZ, DARLEEN J
Address: P.O. BOX 61140
City-St-Zip: HARRISBURG, PA 171061140

Title: S () Delete
Name: GOOD, DEBORAH A
Address: P.O. BOX 61140
City-St-Zip: HARRISBURG, PA 171061140

Title: TD () Delete
Name: THOMAS, RONALD K
Address: P.O. BOX 61140
City-St-Zip: HARRISBURG, PA 171061140

Title: CD () Delete
Name: LANE, MARTIN G JR
Address: P.O. BOX 61140
City-St-Zip: HARRISBURG, PA 171061140

Title: D () Delete
Name: NISSLEY, JOHN J
Address: 1000 NORTH FRONT STREET, SUITE 280
City-St-Zip: WORMLEYSBURG, PA 17043

Title: D () Delete
Name: BRITTON, KENNETH R
Address: 5056 BARROWE DRIVE
City-St-Zip: TAMPA, FL 33624

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RONALD K THOMAS

TD

01/21/2009

Electronic Signature of Signing Officer or Director

Date