2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# F05000005160

Entity Name: ATLAS INSURANCE AGENCY, INC.

Current Principal Place of Business:

7000 MIDLAND BLVD.
AMELIA, OH 45102

New Principal Place of Business:

Current Mailing Address:

7000 MIDLAND BLVD.
AMELIA, OH 45102

New Mailing Address:

FEI Number: 31-0530321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR - SUITE A
TALLAHASSEE, FL 32301 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: SVP
Name: GRAY, WILLIAM T
Address: 7000 MIDLAND BLVD.
City-St-Zip: AMELIA, OH 45102

Title: VP
Name: SMIDDY, CRAIG R
Address: 7000 MIDLAND BLVD.
City-St-Zip: AMELIA, OH 45102

Title: S/T
Name: TIERNEY, JAMES P
Address: 7000 MIDLAND BLVD.
City-St-Zip: AMELIA, OH 45102

Title: AVP
Name: EPLING, SHARON
Address: 7000 MIDLAND BLVD.
City-St-Zip: AMELIA, OH 45102

Title: AVP
Name: LOVELACE, MARY
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

Title: CEO
Name: RIOS, MANUEL Z
Address: 7000 MIDLAND BLVD
City-St-Zip: AMELIA, OH 45102

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: JAMES P TIERNEY S/T 04/25/2012

Electronic Signature of Signing Officer or Director — Date