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May 21, 2008 8:00 am
Secretary of State

04-23-2008 90044 029 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000060075

1. Entity Name
AMERICAN TRANSPORTATION INSURANCE GROUP, INC.

Principal Place of Business
207-B W STATE RD 434
WINTER SPRINGS, FL 32708 US

Mailing Address
207-B W STATE RD 434
WINTER SPRINGS, FL 32708 US

66011247

01072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
American Transportation Insurance Group
Suite, Apt. #, etc.
207-B W. State Rd. 434
City & State
Winter Springs, FL 32708
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number ~~62-1867036~~ 62-1867036 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMPSON, CHARLES
207B W. SR434
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent
Name: American Transportation Insurance Group
Street Address (P.O. Box Number is Not Acceptable): 207-B W. State Rd. 434
City: Winter Springs, FL 32708 FL
Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Charles Thompson — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 4-21-08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MCGOVERN, MIKE	NAME	
STREET ADDRESS	PO BOX 5536	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE, TN 37928	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	GOBEL, MIKE	NAME	
STREET ADDRESS	6708 RED OAK	STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE, KS 66217	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	O'KELLY, GARY	NAME	
STREET ADDRESS	10405 KING	STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK, KS 66214	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	AINSWORTH, MIKE	NAME	
STREET ADDRESS	854 CATO RD	STREET ADDRESS	
CITY-ST-ZIP	MENDENHALL, MS 39114	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BOLEN, BILL	NAME	
STREET ADDRESS	2800 LIVESEY COURT	STREET ADDRESS	
CITY-ST-ZIP	TUCKER, GA 30084	CITY-ST-ZIP	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Charles Thompson	NAME	
STREET ADDRESS	207B W. SR 434	STREET ADDRESS	
CITY-ST-ZIP	Winter Springs 32708	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Thompson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-21-08 — Daytime Phone #: 407.327.5850