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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	Mailing Address
207-B W STATE RD 434 WINTER SPRINGS, FL 32708 US	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 #	3. Mailing Address
Suite, Apt. #, etc. American Transportation Insurance Group	Suite, Apt. #, etc.
City & State 207-B W. State Rd. 434	City & State
Zip Winter Springs, FL 32708	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	7. Name and Address of New Registered Agent
THOMPSON, CHARLES 207B W. SR434 WINTER SPRINGS, FL 32708	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGOVERN, MIKE PO BOX 5536 KNOXVILLE, TN 37928	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOBEL, MIKE 6708 RED OAK SHAWNEE, KS 66217	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'KELLY, GARY 10405 KING OVERLAND PARK, KS 66214	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AINSWORTH, MIKE 854 CATO RD MENDENHALL, MS 39114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLEN, BILL 2800 LIVESEY COURT TUCKER, GA 30084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Charles Thompson 207B W. SR434 Winter Springs 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 — Charles Thompson — Date: 4-21-08 — Daytime Phone #: 407.327.5850