**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 07, 2014**
**Secretary of State**
**CC4966072144**

DOCUMENT# F52026

**Entity Name:** ATLASS INSURANCE GROUP, INC.

**Current Principal Place of Business:**

1300 S.E. 17TH STREET
220
FT. LAUDERDALE, FL 33316

**Current Mailing Address:**

1300 S.E. 17TH STREET
220
FT. LAUDERDALE, FL 33316 US

**FEI Number: 59-2138397**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORGAN, WALTER L
633 S. FEDERAL HWY
SUITE 400A
FT. LAUDERDALE, FL 33301 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 | PD | Title | TDVP |
| Name | FRANK, ATLASS | Name | OKONSKI, JAMES A |
| Address | 1300 SE 17 ST SUITE 220 | Address | 1300 SE 17 ST SUITE 220 |
| City-State-Zip: | FT. LAUDERDALE FL | City-State-Zip: | FORT LAUDERDALE FL 33316 |
| Title | SD | Title | VP |
| Name | ATLASS, SALLY K | Name | STAMPER, SCOTT S |
| Address | 1300 SE 17 ST SUITE 220 | Address | 1300 SE 17 STREET, SUITE 220 |
| City-State-Zip: | FORT LAUDERDALE FL 33316 | City-State-Zip: | FORT LAUDERDALE FL 33316 |

*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 A. OKONSKI TDVP 03/07/2014

Electronic Signature of Signing Officer/Director Detail — Date