2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2015
Secretary of State
CC1377821832

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 02/13/2015

Electronic Signature of Signing Officer/Director Detail — Date