

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F52026

Entity Name: ATCLASS 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
Name FRANK, ATCLASS
Address 1300 SE 17 ST SUITE 220
City-State-Zip: FT. LAUDERDALE FL

Title SD
Name ATCLASS, SALLY K
Address 1300 SE 17 ST SUITE 220
City-State-Zip: FORT LAUDERDALE FL 33316

Title TDVP
Name OKONSKI, JAMES A
Address 1300 SE 17 ST SUITE 220
City-State-Zip: FORT LAUDERDALE FL 33316

Title VP
Name STAMPER, SCOTT S
Address 1300 SE 17 STREET, SUITE 220
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

02/15/2013

Electronic Signature of Signing Officer/Director Detail

Date