2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2017
Secretary of State
CC5747495761

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Entity Name: AMERICAN SENTINEL INSURANCE COMPANY

Current Principal Place of Business:

2407 PARK DRIVE
HARRISBURG, PA 17110

Current Mailing Address:

P.O. BOX 61140
HARRISBURG, PA 17106-1140 US

FEI Number: 23-1620342

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT
Name	WOLLYUNG III, WILLIAM J
Address	P.O. BOX 61140
City-State-Zip:	HARRISBURG PA 17106-1140

Title	CFO
Name	CRISE, BRETT G III
Address	P.O. BOX 61140
City-State-Zip:	HARRISBURG PA 17106-1140

Title	DIRECTOR
Name	DE JONGE, WILLIAM R
Address	PO BOX 61140
City-State-Zip:	HARRISBURG PA 17106

Title	DIRECTOR
Name	LAURICELLA, FRANCIS E JR
Address	PO BOX 61140
City-State-Zip:	HARRISBURG PA 17106

Title	S
Name	GOOD, DEBORAH A
Address	P.O. BOX 61140
City-State-Zip:	HARRISBURG PA 17106-1140

Title	DIRECTOR
Name	LANE, MARTIN G JR
Address	P.O. BOX 61140
City-State-Zip:	HARRISBURG PA 17106-1140

Title	DIRECTOR
Name	JONES, LELAND M
Address	PO BOX 61140
City-State-Zip:	HARRISBURG PA 17106

Title	DIRECTOR
Name	KILKENNY, PATRICK J
Address	PO BOX 61140
City-State-Zip:	HARRISBURG PA 17106

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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: WILLIAM J WOLLYUNG III PRESIDENT 03/17/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	VON SCHLEGELL, JOHN E
Address	PO BOX 61140
City-State-Zip:	HARRISBURG PA 17106

Title	DIRECTOR
Name	KILKENNY, RUSSELL R
Address	PO BOX 61140
City-State-Zip:	HARRISBURG PA 17106

Title	DIRECTOR
Name	COLLINS, JOHN B
Address	PO BOX 61140
City-State-Zip:	HARRISBURG PA 17106