2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 175536

Entity Name: ASSOCIATED INDUSTRIES INSURANCE COMPANY, INC.

Current Principal Place of Business:

901 N.W. 51ST STREET
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

P.O. 310704
BOCA RATON, FL 33431 US

New Mailing Address:

P.O. 812319
BOCA RATON, FL 334812319 US

FEI Number: 59-0714428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SHEBEL, JON L	
Address:	901 NW 51ST ST	
City-St-Zip:	BOCA RATON, FL 33431 US	
Title:	T	( ) Delete
Name:	MCGARVEY, DANIEL J	
Address:	901 NW 51ST ST	
City-St-Zip:	BOCA RATON, FL 33431 US	
Title:	D	( ) Delete
Name:	MILLER, JAY J	
Address:	430 EAST 57TH STREET	
City-St-Zip:	NEW YORK, NY 10022	
Title:	D	( ) Delete
Name:	DECARLO, DONALD T	
Address:	1979 MARCUS AVENUE SUITE 210	
City-St-Zip:	LAKE SUCCESS, NY 11042	
Title:	CD	( ) Delete
Name:	ZUSKIND, BARRY D	
Address:	59 MAIDEN LANE, 6TH FLOOR	
City-St-Zip:	NEW YORK, NY 10038	
Title:	SD	( ) Delete
Name:	UNGAR, STEPHEN B	
Address:	59 MAIDEN LANE 6TH FLOOR	
City-St-Zip:	NEW YORK, NY 10038	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	HEITZ, KERRY J	
Address:	901 NW 51ST ST	
City-St-Zip:	BOCA RATON, FL 33431 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CD	(X) Change ( ) Addition
Name:	ZYSKIND, BARRY D	
Address:	59 MAIDEN LANE, 6TH FLOOR	
City-St-Zip:	NEW YORK, NY 10038	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KERRY J HEITZ T 04/24/2009
Electronic Signature of Signing Officer or Director — Date