

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90250 021 ***150.00

00067781

DO NOT WRITE IN THIS SPACE

DOCUMENT # 585267

1. Entity Name

American Bankers Insurance Group, Inc.

Principal Place of Business

c/o Arthur W. Heggen
11222 Quail Roost Dr.
Miami, FL 33157
US

Mailing Address

c/o Arthur W. Heggen
11222 Quail Roost Dr.
Miami, FL 33157-6543
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1985922

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Arthur W. Heggen
11222 Quail Roost Drive
Miami, FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PCEO** ☒ Delete
NAME **Edward J. O'Hare**
STREET ADDRESS **11222 Quail Roost Dr.**
CITY-ST-ZIP **Miami, FL 33157**

TITLE **President** ☐ Change ☒ Addition
NAME **Philip Bruce Camacho**
STREET ADDRESS **11222 Quail Roost Dr**
CITY-ST-ZIP **Miami, FL 33157**

TITLE **EVPS** ☐ Delete
NAME **Arthur W. Heggen**
STREET ADDRESS **11222 Quail Roost Dr.**
CITY-ST-ZIP **Miami, FL 33157**

TITLE **CEO** ☐ Change ☒ Addition
NAME **Robert Brian Pollock**
STREET ADDRESS **11222 Quail Roost Dr**
CITY-ST-ZIP **Miami, FL 33157**

TITLE **EVP** ☐ Delete
NAME **Floyd Denison**
STREET ADDRESS **11222 Quail Roost Dr.**
CITY-ST-ZIP **Miami, FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** ☐ Delete
NAME **Leonardo Garcia**
STREET ADDRESS **11222 Quail Roost Dr.**
CITY-ST-ZIP **Miami, FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVPD** ☐ Delete
NAME **J. Kerry Clayton**
STREET ADDRESS **11222 Quail Roost Dr.**
CITY-ST-ZIP **Miami, FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **Arie FakkerT**
STREET ADDRESS **11222 Quail Roost Dr.**
CITY-ST-ZIP **Miami, FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur W. Heggen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01

305 253 2244 x3400

Date

Daytime Phone #

CR2E037 (11/00)