

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086586

FILED  
Feb 03, 2004  
Secretary of State

**Entity Name:** ASSOCIATED REINSURANCE MANAGEMENT CORPORATION

**Current Principal Place of Business:**

709 FIRST AVENUE  
WELAKA, FL 32193

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1204  
WELAKA, FL 32193

**New Mailing Address:**

PO BOX 1025  
WELAKA, FL 32193

**FEI Number:** 58-1505373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAROTHERS, C. GRAHAM ESQ.  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602 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: PTD ( ) Delete  
Name: BROWNE, ALPH H  
Address: 709 FIRST AVENUE  
City-St-Zip: WELAKA, FL 32193

Title: SD ( ) Delete  
Name: BROWNE, DIANA D  
Address: 709 FIRST AVENUE  
City-St-Zip: WELAKA, FL 32193

Title: AT ( ) Delete  
Name: PORTER, PAM  
Address: 709 FIRST AVENUE  
City-St-Zip: WELAKA, FL 32193

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAM PORTER

AT

02/03/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date