

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086586

FILED
Jan 17, 2005
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 1025
WELAKA, FL 32193

New Mailing Address:

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: ALPH H. BROWNE

PRES

01/17/2005

Electronic Signature of Signing Officer or Director

_____ Date