
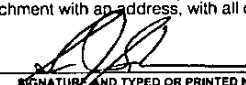


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90054 037 \*\*\*158.75

<b>DOCUMENT # P37439</b> 1. Entity Name <b>AMA INSURANCE AGENCY, INC.</b>					
Principal Place of Business <b>200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601</b>			Mailing Address <b>200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>36-3305962</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>THE PRENTICE HALL CORPORATION SYSTEM, INC 1201 HAYES ST. STE. 105 TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVD MCHUGH, MARY A 200 N LASALLE STREET SUITE 400 CHICAGO, IL 60601</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV SCHUMAN, SUSAN J. 200 NORTH LASALLE STREET STE 400 CHICAGO, IL 60601</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC MUSACCHIO, ROBERT A PHD 515 N STATE STREET CHICAGO, IL 60610</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAGERTY, DENISE M 515 N STATE STREET CHICAGO, IL 60601</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VANDE HEY, J. TODD 515 N STATE STREET CHICAGO, IL 60601</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AV COHEN, JUDITH 200 NORTH LASALLE STREET STE 400 CHICAGO, IL 60601</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>Susan J. Schuman</b> <span style="float: right;"><b>2/20/06</b> <b>312-419-4951</b></span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**ATTACHMENT**  
**40018588**  
**# P37439**  
**2006 Florida For Profit Corporation Annual Report**

**Question #11 Attachment - Additions/Changes to Officers and Directors**

**Document # P37439**

**AMA Insurance Agency, Inc.**  
**200 N. LaSalle Street, Suite 400**  
**Chicago, Illinois 60601**

<b><u>Title</u></b>	AV/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b><u>*Name</u></b>	Darrah Desmond Cousino	
<b><u>Street Address</u></b>	200 N. LaSalle Street, Ste. 400	
<b><u>City, State, Zip</u></b>	Chicago, Illinois 60601	
<b><u>Title</u></b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b><u>*Name</u></b>	Jon N. Ekdahl	
<b><u>Street Address</u></b>	515 N. State Street	
<b><u>City, State, Zip</u></b>	Chicago, Illinois 60610	
<b><u>Title</u></b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b><u>Name</u></b>	Gary C. Epstein	
<b><u>Street Address</u></b>	515 N. State Street	
<b><u>City, State, Zip</u></b>	Chicago, Illinois 60610	
<b><u>Title</u></b>	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b><u>*Name</u></b>	Denise S. Friday	
<b><u>Street Address</u></b>	200 N. LaSalle Street, Ste. 400	
<b><u>City, State, Zip</u></b>	Chicago, Illinois 60601	
<b><u>Title</u></b>	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b><u>*Name</u></b>	Denise M. Hagerty	Zip code to 60610 from
<b><u>Street Address</u></b>	515 N. State Street	60601
<b><u>City, State, Zip</u></b>	Chicago, Illinois 60610	
<b><u>Title</u></b>	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b><u>*Name</u></b>	Beverly G. Hudson	
<b><u>Street Address</u></b>	200 N. LaSalle Street, Ste. 400	
<b><u>City, State, Zip</u></b>	Chicago, Illinois 60601	
<b><u>Title</u></b>	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b><u>Name</u></b>	David J. Katzmayer	
<b><u>Street Address</u></b>	200 N. LaSalle Street, Ste. 400	
<b><u>City, State, Zip</u></b>	Chicago, Illinois 60601	
<b><u>Title</u></b>	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b><u>Name</u></b>	Mary A. McHugh	Was not re-elected to the
<b><u>Street Address</u></b>	200 N. LaSalle Street, Ste. 400	position of Director,
<b><u>City, State, Zip</u></b>	Chicago, Illinois 60601	effective 4/18/05.
<b><u>Title</u></b>	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b><u>*Name</u></b>	Mary T. Schnur	
<b><u>Street Address</u></b>	200 N. LaSalle Street, Ste. 400	
<b><u>City, State, Zip</u></b>	Chicago, Illinois 60601	

\*Previously reported.

ATTACHMENT  
40018588  
# P37439

2006 Florida For Profit Corporation Annual Report

Question #11 Attachment - Additions/Changes to Officers and Directors

Document # P37439

AMA Insurance Agency, Inc.  
200 N. LaSalle Street, Suite 400  
Chicago, Illinois 60601

<u>Title</u>	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<u>*Name</u>	J. Todd Vande Hey	Zip code to 60610 from
<u>Street Address</u>	515 N. State Street	60601
<u>City, State, Zip</u>	Chicago, Illinois 60610	
 <u>Title</u>	 AV	 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<u>*Name</u>	Cynthia K. Warden	
<u>Street Address</u>	200 N. LaSalle Street, Ste. 400	
<u>City, State, Zip</u>	Chicago, Illinois 60601	

\*Previously reported.

# AMA Insurance Agency, Inc.

A Subsidiary of the American Medical Association

ATTACHMENT

40018588  
# P37439



**Judy A. Robson, ACS, AIRC, AIAA**

**Senior Paralegal**

200 North LaSalle St., Suite 400, Chicago, IL 60601

Phone 312 419-3751 Fax 312 419-5430

judy\_robson@amainsure.com

www.amainsure.com

Insurance answers, for your life.

February 21, 2006

Division of Corporations

P.O. Box 1500

Tallahassee, Florida 32302-1500

RE: AMA Insurance Agency, Inc.  
2006 For Profit Corporation Annual Report  
FEIN: 36-3305962

Dear Sir or Madam:

Enclosed please find AMA Insurance Agency, Inc.'s 2006 For Profit Corporation Annual Report, along with the following:

1. Check in the sum of \$158.75 in payment of the \$150.00 filing fee and the \$8.75 fee for Certificate of Status; and
2. Attachment to Question #11, Additions/Changes to Officers and Directors.

Should you have any questions, please contact me directly at (312) 419-3751 or judy.robson@amainsure.com. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Judy A. Robson".

Judy A. Robson

Enclosures