

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 585267

**Entity Name:** AMERICAN BANKERS INSURANCE GROUP, INC.**Current Principal Place of Business:**C/O JEANNIE ARAGON-CRUZ  
11222 QUAIL ROOST DR  
MIAMI, FL 33157**Current Mailing Address:**C/O JEANNIE ARAGON-CRUZ  
11222 QUAIL ROOST DR  
MIAMI, FL 33157 US**FEI Number:** 59-1985922**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARAGON-CRUZ, JEANNIE  
11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157 US*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

**Officer/Director Detail :**

Title	S
Name	ARAGON-CRUZ, JEANNIE
Address	11222 QUAIL ROOST DR.
City-State-Zip:	MIAMI FL 33157
Title	SVP
Name	LOPEZ-MORALES, IVAN C
Address	260 INTERSTATE NO CIRCLE SE
City-State-Zip:	ATLANTA GA 30339
Title	CEO
Name	DEMMINGS, KEITH WARNER
Address	260 INTERSTATE N CIRCLE SE
City-State-Zip:	ATLANTA GA 30339

Title	SVP
Name	MERGELMEYER G, GENE E
Address	260 INTERSTATE NO CIRCLE SE
City-State-Zip:	ATLANTA GA 30339
Title	PRESIDENT
Name	DEMMINGS, KEITH WARNER
Address	260 INTERSTATE N CIRCLE SE
City-State-Zip:	ATLANTA GA 30339
Title	TREASURER
Name	GARZON, ANA RUTH
Address	11222 QUAIL ROOST DRIVE
City-State-Zip:	MIAMI FL 33157

I hereby 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 all other like empowered.

**SIGNATURE:** JEANNIE ARAGON-CRUZ**SECRETARY****04/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date