

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 585267

Entity Name: AMERICAN BANKERS INSURANCE GROUP, INC.**Current Principal Place of Business:**11222 QUAIL ROOST DRIVE
MIAMI, FL 33157**Current Mailing Address:**11222 QUAIL ROOST DRIVE
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	DIRECTOR
Name	LOPEZ-MORALES, IVAN C
Address	260 INTERSTATE NORTH CIRCLE SE
City-State-Zip:	ATLANTA GA 30339

Title	SECRETARY
Name	ARAGON-CRUZ, JEANNIE AMY
Address	11222 QUAIL ROOST DRIVE
City-State-Zip:	MIAMI FL 33157

Title	DIRECTOR, PRESIDENT
Name	DEMMINGS, KEITH WARNER
Address	11222 QUAIL ROOST DRIVE
City-State-Zip:	MIAMI FL 33157

Title	TREASURER
Name	SIEB, MARK
Address	11222 QUAIL ROOST DRIVE
City-State-Zip:	MIAMI FL 33157

Title	DIRECTOR
Name	BIONDO, REBEKAH SUSAN
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 AMY ARAGON-CRUZ**SECRETARY****06/08/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date