

**2014 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	CEO
Name	LEMASTERS, STEVEN C
Address	260 INTERSTATE N. CIRCLE, SE
City-State-Zip:	ATLANTA GA 33157

Title	P
Name	LEMASTERS, STEVEN C
Address	260 INTERSTATE N. CIRCLE, SE
City-State-Zip:	ATLANTA GA 33157

Title	S
Name	ARAGON-CRUZ, JEANNIE
Address	11222 QUAIL ROOST DR.
City-State-Zip:	MIAMI FL 33157

Title	SVP
Name	MERGELMEYER G, GENE E
Address	260 INTERSTATE NO CIRCLE SE
City-State-Zip:	ATLANTA GA 30339

Title	SVP
Name	LOPEZ-MORALES, IVAN C
Address	260 INTERSTATE NO CIRCLE SE
City-State-Zip:	ATLANTA GA 30339

Title	D
Name	WALKER, PETER
Address	260 INTERSTATE NO CIRCLE SE
City-State-Zip:	ATLANTA GA 30339

*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****01/17/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date