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: NOREEN A. ANTONELLI

Electronic Signature of Signing Officer/Director Detail

Entity Name: ANALYZE, INFORM AND MARKET INSURANCE, INC. Current Principal Place of Business:

11675 RAINWATER DRIVE STE 200 ALPHARETTA, GA 30009

DOCUMENT# F0500001411

Current Mailing Address:

11675 RAINWATER DRIVE STE 200 ALPHARETTA, GA 30009

FEI Number: 58-1970461

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Officer/Director Detail :

Title	DCT	Title	DVPS
Name	ANTONELLI, MICHAEL F	Name	ANTONELLI, NOREEN A
Address	3020 LANCASTER SQUARE	Address	3020 LANCASTER SQUARE
City-State-Zip:	ROSWELL GA 30076	City-State-Zip:	ROSWELL GA 30076

EVP, SECRETARY

Certificate of Status Desired: No

FILED Apr 28, 2016 Secretary of State CC4907929142

Date

04/28/2016 Date