

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000003664

Entity Name: ASSOCIATED INSURANCE ADMINISTRATORS, INC.**Current Principal Place of Business:**4138 CARMICHAEL ROAD
MONTGOMERY, AL 36106**Current Mailing Address:**PO BOX 231330
MONTGOMERY, AL 36123-1330 US**FEI Number: 63-1103582****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CHAIRMAN
Name BALLARD, A. BOWEN
Address 108 BRIDLE PATH
City-State-Zip: PIKE ROAD AL 36064

Title DIRECTOR
Name BALLARD, BOWEN L
Address 450 SUGAR DRIVE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name JAMES, MED
Address PO BOX 2014
City-State-Zip: SHAWNEE MISSION KS 66201

Title CEO
Name DEAN, WILLARD L
Address 4900 OLD LEEDS ROAD
City-State-Zip: MOUNTAIN BROOK AL 35213

Title DIRECTOR
Name ALBRECHT, THOMAS K
Address 1410 MERIWETHER RD
City-State-Zip: MONTGOMERY AL 36117

Title SECRETARY/TREASURER
Name DEAN, CLARK
Address 3440 PEACHTREE RD., NE
City-State-Zip: ATLANTA GA 30326

Title PRESIDENT
Name ALBRECHT, PATRICK
Address 4138 CARMICHAEL ROAD
City-State-Zip: MONTGOMERY AL 36106

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: PATRICK ALBRECHT**PRESIDENT****02/18/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date