

2020 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: Yes****Name and Address of Current Registered Agent:**BOS, CAREY N
9501 TAVISTOCK RD.
ORLANDO, FL 32827 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 C
Name BALLARD, A. BOWEN
Address 108 BRIDLE PATH
City-State-Zip: PIKE ROAD AL 36064

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

Title D
Name RIDLING, JIM
Address 306 HUNTER TRAIL
City-State-Zip: PIKE ROAD AL 36064

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

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

Title S
Name ALBRECHT, THOMAS K
Address 4138 CARMICHAEL ROAD
City-State-Zip: MONTGOMERY AL 36116

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

Title COO
Name EVANS, BARBARA
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: BARBARA EVANS**COO****03/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date