

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37439

Entity Name: AMA INSURANCE AGENCY, INC.**Current Principal Place of Business:**330 N. WABASH AVENUE
SUITE 39300
CHICAGO, IL 60611-5885**Current Mailing Address:**330 N. WABASH AVENUE
SUITE 39300
CHICAGO, IL 60611-5885 US**FEI Number:** 36-3305962**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 VP, SECRETARY, DIRECTOR
Name SCHUMAN, SUSAN J
Address 330 N. WABASH AVENUE
SUITE 39300
City-State-Zip: CHICAGO IL 60611-5885

Title DIRECTOR
Name HAGERTY, DENISE M
Address 330 N. WABASH AVENUE
SUITE 39300
City-State-Zip: CHICAGO IL 60611-5885

Title VP
Name COHEN, JUDITH
Address 330 N. WABASH AVENUE
SUITE 39300
City-State-Zip: CHICAGO IL 60611-5885

Title DIRECTOR
Name VANDENBERG, BRIAN D
Address 330 N. WABASH AVENUE
SUITE 39300
City-State-Zip: CHICAGO IL 60611-5885

Title PRESIDENT, GROUP VICE
PRESIDENT AND GENERAL
MANAGER, AND DIRECTOR
Name MOY, PAMELA T
Address 330 N. WABASH AVENUE
SUITE 39300
City-State-Zip: CHICAGO IL 60611-5885

Title VICE PRESIDENT & TREASURER
Name CARBON, JOHN M
Address 330 N. WABASH AVENUE
SUITE 39300
City-State-Zip: CHICAGO IL 60611-5885

Title DIRECTOR
Name SHARIGIAN, KENNETH JOSEPH PHD
Address 330 N. WABASH AVENUE
SUITE 39300
City-State-Zip: CHICAGO IL 60611-5885

Title DIRECTOR
Name UNGER, TODD D
Address 330 N. WABASH AVENUE
SUITE 39300
City-State-Zip: CHICAGO IL 60611-5885

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: SUSAN J. SCHUMAN**SECRETARY****04/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date