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PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 MAR -6 AM 11:19

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DOCUMENT # F95000003179 (7)

1. Corporation Name

AMERICAN INSURANCE MANAGERS, INC.

SECRETARY OF STATE -03/06/96--01037--013  
TALLAHASSEE, FLORIDA \*\*\*\*200.00 \*\*\*\*200.00



Principal Place of Business

3101 TOWERCREEK PKWY., STE 600  
ATLANTA GA 30339-3256

Mailing Address

3101 TOWERCREEK PKWY., STE 600  
ATLANTA GA 30339-3256

3. Date Incorporated or Qualified

06/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-1526098

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Marcia A. Hamer, Assistant Secretary*

3-5-96

Signature of Registered Agent (Typed or Printed Name of Registered Agent and Title if Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☐ DELETE

NAME DENNETT-SMITH, DAVID A  
STREET ADDRESS 3134 ARDEN RD  
CITY-ST-ZIP ATLANTA GA 30305

1.1 TITLE Vice President ☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME HART, ADRIAN C  
STREET ADDRESS 34 PIERCING HILL, THEYDON BOIS  
CITY-ST-ZIP ESSEX CM167JW, U.K.

1.2 NAME Joan E. COHER

TITLE DS ☐ DELETE

NAME HOLLAND, DONALD V  
STREET ADDRESS 621 GREENVIEW AVE  
CITY-ST-ZIP CONYERS GA 30208

1.3 STREET ADDRESS 1070 Woodruff Plantation Ct.

TITLE T ☐ DELETE

NAME NEIMAS, L. D.  
STREET ADDRESS 865 DEVENISH LN  
CITY-ST-ZIP ROSWELL GA 30075

1.4 CITY-ST-ZIP Marietta, GA 30067

TITLE V ☐ DELETE

NAME SELLMAN, ANTHONY F  
STREET ADDRESS 2437 CEDARWOOD CT  
CITY-ST-ZIP MARIETTA GA 30068

2.1 TITLE ☐ Change ☐ Addition

TITLE V ☒ DELETE

NAME BLACK, WILLIAM P  
STREET ADDRESS 4048 RIVER RIDGE CHASE  
CITY-ST-ZIP MARIETTA GA 30068

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Donald V. Holland Secretary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (770) 980-0591

Date

Daytime Phone #

CR2E034 (12/95)