

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L91565

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: AIM INSURANCE GROUP, INC.

## Current Principal Place of Business:

3605 ALT 19N  
PALM HARBOR, FL 34683 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 860  
PALM HARBOR, FL 34682 US

## New Mailing Address:

FEI Number: 59-3156235      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AIM FINANCIAL COMPANIES INC.  
3605 ALT 19N  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: VALENZA, SUE ANN  
Address: 2722 BLOSSOM LAKE DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: VP ( ) Delete  
Name: LAUINGER, KAREN  
Address: 4400 COUNTRY BREEZE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: COEV ( ) Delete  
Name: CHESSON, PHILLIP  
Address: 3605 ALT 19N STE A  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP ( ) Delete  
Name: GARRISON, EDWARD  
Address: 3605 ALT 19N STE A  
City-St-Zip: PALM HARBOR, FL 34683 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change ( ) Addition  
Name: KLIMCZAK, PAUL J RETIRED  
Address: 3605 ALT 19 N  
City-St-Zip: PALM HARBOR, FL 34683

Title: DVPS (X) Change ( ) Addition  
Name: VALENZA, SUE ANN  
Address: 3605 ALT 19 N  
City-St-Zip: PALM HARBOR, FL 34683

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: LAUINGER, KAREN  
Address: 3605 ALT 19N STE A  
City-St-Zip: PALM HARBOR, FL 34683 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUE ANN VALENZA

CFO

03/24/2008

Electronic Signature of Signing Officer or Director

Date