

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139354

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** ASSOCIATED REINSURANCE BROKERS, INC., (U.S.)

**Current Principal Place of Business:**

315 PLANT AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

315 PLANT AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 20-5895094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STILES, MARY ANN  
315 PLANT AVE  
TAMPA, FL 33606 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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: SHEBEL, JON L  
Address: 178 SOUTH INDIES DRIVE  
City-St-Zip: MARATHON, FL 33050

Title: VCS  
Name: STILES, MARY ANN  
Address: 16201 SONSOLES DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: C  
Name: WILLIAMS, THOMAS  
Address: 315 PLANT AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: T  
Name: SHEBEL, JON  
Address: 178 SOUTH INDIES DRIVE  
City-St-Zip: MARATHON, FL 33050

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: THOMAS C. WILLIAMS

C

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date