2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V23127

FILED May 01, 2008 Secretary of State

Entity Name: ASSOCIATION INSURANCE MANAGEMENT UNDERWRITERS, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	MASVILLE RD SSEE, FL 32303	US		
Current Mailing Address:			New Mailing Address:	
P O BOX 1: TALLAHAS	2099 SEE, FL 32317	US		
FEI Number:	59-0912250 FE	El Number Applied For() FEI Nur	nber Not Appli	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
1117 THOM	SAMUEL B SR MASVILLE RD. SEE, FL 32303	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 S	ignature of Registered Agent		Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DBM () Dele ROGERS, SAMUEL 3710 GELWAY DRIV TALLAHASSEE, FL	B. SR, . /E	Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition ROGERS, SAMUEL B. SR, . 3710 GELWAY DRIVE TALLAHASSEE, FL 32308
Title: Name: Address: City-St-Zip:	TCFO () Dele ROGERS, SAMUEL 1741 MARSTON PL TALLAHASSEE, FL	B JR	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition ROGERS, SAMUEL B JR 1741 MARSTON PL TALLAHASSEE, FL 32308
Title: Name: Address: City-St-Zip:	CEO () Dele GUNTER, WILLIAM 1117 SAVANNAH TR TALLAHASSEE, FL	ACE	Title: Name: Address: City-St-Zip:	CHR (X) Change () Addition GUNTER, WILLIAM 1117 SAVANNAH TRACE TALLAHASSEE, FL 32312
Title: Name: Address: City-St-Zip:	EVP () Dele VAUGHN, KEVIN 9025 GLEN EAGLE TALLAHASSEE, FL		Title: Name: Address: City-St-Zip:	P (X) Change () Addition VAUGHN, KEVIN 9025 GLEN EAGLE WAY TALLAHASSEE, FL
Title: Name: Address: City-St-Zip:	S () Dele VAUGHN, IRA RODE 1832 OXBOTTOM LA PENSACOLA, FL 32	RICK ANE	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition WOOD, JONATHON 2780 MCFARLANE COURT TALLAHASSEE, FL 32303
Title: Name: Address: City-St-Zip:	()Dele	ete	Title: Name: Address: City-St-Zip:	EVP () Change (X) Addition BART, GUNTER 1117 THOMASVILLE ROAD TALLAHASSEE, FL 32303

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: SAMUEL B. ROGERS, SR. DIR 05/01/2008