## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V23127

FILED Jan 23, 2009 Secretary of State

Entity Name: ASSOCIATION INSURANCE MANAGEMENT UNDERWRITERS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1117 THOMASVILLE RD TALLAHASSEE, FL 32303 US **Current Mailing Address: New Mailing Address:** P O BOX 12099 TALLAHASSEE, FL 32317 US FEI Number: 59-0912250 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROGERS, SAMUEL B SR ROGERS, SAMUEL B SR 1117 THOMASVILLE RD 1117 THOMASVILLE RD. US US TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 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: 01/23/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition ROGERS, SAMUEL B. SR, . ROGERS, SAMUEL B SR Name: Name: 3710 GELWAY DRIVE 3710 GELWAY DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308 Title: Title: () Delete () Change () Addition Name: ROGERS, SAMUEL B JR Name: 1741 MARSTON PL Address: Address: TALLAHASSEE, FL 32308 City-St-Zip: City-St-Zip: () Delete Title: Title: CHR () Change () Addition GUNTER, WILLIAM Name: Name: 1117 SAVANNAH TRACE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition VAUGHN, KEVIN Name: Name: Address: 9025 GLEN EAGLE WAY Address: City-St-Zip: TALLAHASSEE, FL City-St-Zip: Title: CFO Title: CFO () Delete (X) Change ( ) Addition WOOD, JONATHON Name: WOOD, JONATHAN D Name: 2780 MCFARLANE COURT Address: 2780 MCFARLANE COURT Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: EVP (X) Change ( ) Addition BART, GUNTER D Name: BART, GUNTER Name: 1117 THOMASVILLE ROAD 3449 MAHONEY DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32309

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: JONATHAN D WOOD CFO 01/23/2009