

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V23127

FILED  
Feb 24, 2010  
Secretary of State

**Entity Name:** ASSOCIATION INSURANCE MANAGEMENT UNDERWRITERS, INC.

**Current Principal Place of Business:**

1117 THOMASVILLE RD  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 12099  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 59-0912250      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROGERS, SAMUEL B SR  
1117 THOMASVILLE RD  
TALLAHASSEE, FL 32303 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:** DIR  
**Name:** ROGERS, SAMUEL B SR  
**Address:** 3710 GELWAY DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** CEO  
**Name:** ROGERS, SAMUEL B JR  
**Address:** 1741 MARSTON PL  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** CHR  
**Name:** GUNTER, WILLIAM  
**Address:** 1117 SAVANNAH TRACE  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** P  
**Name:** VAUGHN, KEVIN  
**Address:** 9025 GLEN EAGLE WAY  
**City-St-Zip:** TALLAHASSEE, FL

**Title:** CFO  
**Name:** WOOD, JONATHAN D  
**Address:** 2780 MCFARLANE COURT  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** EVP  
**Name:** BART, GUNTER D  
**Address:** 3449 MAHONEY DR  
**City-St-Zip:** TALLAHASSEE, FL 32309

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:** SAMUEL B ROGERS JR

CEO

02/24/2010

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

\_\_\_\_\_  
Date