

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000006850

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC0525834503**

**Entity Name:** ASSOCIATION GROUP INSURANCE ADMINSTRATORS, INC.

**Current Principal Place of Business:**

1155 EUGENIA PLACE  
CARPINTERIA, CA 93013

**Current Mailing Address:**

1155 EUGENIA PLACE  
CARPINTERIA, CA 93013

**FEI Number: 95-1948500**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WIGLE, JOHN BYRON  
Address 1155 EUGENIA PLACE  
City-State-Zip: CARPINTERIA CA 93013

Title D  
Name CAPRITTO, JULIETTE L  
Address 1155 EUGENIA PLACE  
City-State-Zip: CARPINTERIA CA 93013

Title SD  
Name CARD-VASQUEZ, PATRICIA M  
Address 1155 EUGENIA PLACE  
City-State-Zip: CARPINTERIA CA 93013

Title T  
Name DOWEN, ANDREW J  
Address 1155 EUGENIA PLACE  
City-State-Zip: CARPINTERIA CA 93013

*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: ANDREW JOHN DOWEN**

**TREASURER**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date