

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006850

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: ASSOCIATION GROUP INSURANCE ADMINSTRATORS, INC.

**Current Principal Place of Business:**

1155 EUGENIA PLACE  
CARPINTERIA, CA 93013

**New Principal Place of Business:**

**Current Mailing Address:**

1155 EUGENIA PLACE  
CARPINTERIA, CA 93013

**New Mailing Address:**

FEI Number: 95-1948500      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: PD ( ) Delete  
Name: WIGLE, JOHN BYRON  
Address: 1155 EUGENIA PLACE  
City-St-Zip: CARPINTERIA, CA 93013

Title: TVD ( ) Delete  
Name: CAPRITTO, JULIETTE L  
Address: 1155 EUGENIA PLACE  
City-St-Zip: CARPINTERIA, CA 93013

Title: S ( ) Delete  
Name: CARD-VASQUEZ, PATRICIA M  
Address: 1155 EUGENIA PLACE  
City-St-Zip: CARPINTERIA, CA 93013

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CAPRITTO, JULIETTE L  
Address: 1155 EUGENIA PLACE  
City-St-Zip: CARPINTERIA, CA 93013

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: DOWEN, ANDREW J  
Address: 1155 EUGENIA PLACE  
City-St-Zip: CARPINTERIA, CA 93013

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: JOHN BYRON WIGLE

PD

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date