

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006850

**FILED**  
**Mar 05, 2012**  
**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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: T  
Name: DOWEN, ANDREW J  
Address: 1155 EUGENIA PLACE  
City-St-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 J DOWEN

TREA

03/05/2012

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

\_\_\_\_\_ Date