

1.) CORPORATION NAME:

**AMERICAN BANKERS INSURANCE COMPANY OF
FLORIDA**

DUE DATE: **4/30/2012**

SCC ID NO: **F0113052**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000
PREFER	500,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11222 QUAIL ROOST DR

CITY/ST/ZIP: MIAMI, FL 33157

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GENE MERGELMEYER	
TITLE:	PRESIDENT	
ADDRESS:	2677 N MAIN ST	
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JEANNIE ARAGON-CRUZ	
TITLE:	SECRETARY	
ADDRESS:	11222 QUAIL ROOST DR	
CITY/ST/ZIP/CO:	MIAMI, FL 33157	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANDREW CHUNG	
TITLE:	TREASURER	
ADDRESS:	11222 QUAIL ROOST DRIVE	
CITY/ST/ZIP/CO:	MIAMI, FL 33157	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RUSSELL GARY KIRSCH	
TITLE:	SVP	
ADDRESS:	11222 QUAIL ROOST DR	
CITY/ST/ZIP/CO:	MIAMI, FL 33157	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVEN CRAIG LEMASTERS	
TITLE:	CEO	
ADDRESS:	260 INTERSTATE NO CIRCLE SE	
CITY/ST/ZIP/CO:	ATLANTA, GA 30339	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Greg DeChurch	
TITLE:	ASST SECRETARY	
ADDRESS:	11222 Quail Roost Drive	
CITY/ST/ZIP/CO:	Miami, FL 33157	

NAME: Kimberly Lee Swackhammer TITLE: VICE PRESIDENT ADDRESS: 11222 Quail Roost Drive CITY/ST/ZIP/CO: Miami, FL 33157	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dina Olsen TITLE: VICE PRESIDENT ADDRESS: 11222 Quail Roost Drive CITY/ST/ZIP/CO: Miami, FL 33157	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Katharine McDonald TITLE: SVP ADDRESS: 11222 Quail Roost Drive CITY/ST/ZIP/CO: Miami, FL 33157	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Peter Walker TITLE: SVP ADDRESS: 11222 Quail Roost Drive CITY/ST/ZIP/CO: Miami, FL 33157	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JEANNIE ARAGON-CRUZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEANNIE ARAGON-CRUZ, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/26/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		