

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.

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

NAME:	DINA OLSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11222 QUAIL ROOST DRIVE		
CITY/ST/ZIP/CO:	MIAMI, FL 33157		

NAME:	KIMBERLY LEE SWACKHAMMER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11222 QUAIL ROOST DRIVE		
CITY/ST/ZIP/CO:	MIAMI, FL 33157		

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

NAME:	GREG DECHURCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	11222 QUAIL ROOST DRIVE		
CITY/ST/ZIP/CO:	MIAMI, FL 33157		

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

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
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: 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 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.				