

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213522500

1.) CORPORATION NAME:

**AMA Insurance Agency, Inc.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

SCC ID NO: **F1471848**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 515 N STATE STREET

CITY/ST/ZIP: CHICAGO, IL 60654

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:	J CHRISTOPHER BURKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DIR/VCOB		
ADDRESS:	515 N STATE STREET		
CITY/ST/ZIP/CO:	CHICAGO, IL 60654		

NAME:	JUDITH COHEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	515 N. STATE STREET		
CITY/ST/ZIP/CO:	CHICAGO, IL 60654		

NAME:	DENISE S FRIDAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	515 N STATE STREET		
CITY/ST/ZIP/CO:	CHICAGO, IL 60654		

NAME:	MARY A MCHUGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	515 NO STATE ST		
CITY/ST/ZIP/CO:	CHICAGO, IL 60654		

NAME:	SUSAN J SCHUMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	515 N STATE STREET		
CITY/ST/ZIP/CO:	CHICAGO, IL 60654		

NAME:	ROBERT A MUSACCHIO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/COB		
ADDRESS:	515 N STATE ST		
CITY/ST/ZIP/CO:	CHICAGO, IL 60654		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON N EKDAHL DIRECTOR 515 N. STATE STREET CHICAGO, IL 60654	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENISE M HAGERTY DIRECTOR 515 N. STATE STREET CHICAGO, IL 60654	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BERNARD L HENGESBAUGH DIRECTOR 515 N. STATE STREET CHICAGO, IL 60654	<input 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/ J CHRISTOPHER BURKE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	J CHRISTOPHER BURKE, PRES/DIR/VCOB PRINTED NAME AND CORPORATE TITLE	5/13/2013 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.			