

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214523535

1.) CORPORATION NAME:

AMA Insurance Agency, Inc.

DUE DATE: **5/31/2014**

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**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 330 N. Wabash Avenue
Suite 39300

CITY/ST/ZIP: CHICAGO, IL 60611-5885

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:	330 N. Wabash Avenue Suite 39300		
CITY/ST/ZIP/CO:	CHICAGO, IL 60611-5885		

NAME:	JUDITH COHEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	330 N. Wabash Avenue Suite 39300		
CITY/ST/ZIP/CO:	CHICAGO, IL 60611-5885		

NAME:	DENISE S FRIDAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	330 N. Wabash Avenue Suite 39300		
CITY/ST/ZIP/CO:	CHICAGO, IL 60611		

NAME:	MARY A MCHUGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	330 N. Wabash Avenue Suite 39300		
CITY/ST/ZIP/CO:	CHICAGO, IL 60611-5885		

NAME:	SUSAN J SCHUMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	330 N. Wabash Avenue Suite 39300		
CITY/ST/ZIP/CO:	CHICAGO, IL 60611-5885		

NAME: ROBERT A MUSACCHIO TITLE: DIRECTOR ADDRESS: 330 N. Wabash Avenue Suite 39300 CITY/ST/ZIP/CO: CHICAGO, IL 60611-5885	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JON N EKDAHL TITLE: DIRECTOR ADDRESS: 330 N. Wabash Avenue Suite 39300 CITY/ST/ZIP/CO: CHICAGO, IL 60611-5885	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DENISE M HAGERTY TITLE: DIRECTOR ADDRESS: 330 N. Wabash Avenue Suite 39300 CITY/ST/ZIP/CO: CHICAGO, IL 60611-5885	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BERNARD L HENGESBAUGH TITLE: DIRECTOR ADDRESS: 330 N. Wabash Avenue Suite 39300 CITY/ST/ZIP/CO: CHICAGO, IL 60611-5885	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Leslie M Stokes TITLE: DIRECTOR ADDRESS: 330 N. Wabash Avenue Suite 39300 CITY/ST/ZIP/CO: Chicago, IL 60611-5885	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Leslie M Stokes TITLE: CHAIRMAN ADDRESS: 330 N. Wabash Avenue Suite 39300 CITY/ST/ZIP/CO: Chicago, IL 60611-5885	<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/ DENISE S FRIDAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENISE S FRIDAY, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE
5/2/2014 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.	