

1.) CORPORATION NAME: Associated Insurance Management, Inc.	DUE DATE: 6/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: STEVEN A MICHAEL PLLC 1950 OLD GALLOWS RD STE 700 VIENNA, VA	SCC ID NO: F1527870
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: MD	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8120 FENTON ST STE 300 CITY/ST/ZIP: SILVER SPRING, MD 20910	
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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: JOHN J SCOTT TITLE: PRESIDENT ADDRESS: 8120 FENTON ST STE 300 CITY/ST/ZIP/CO: SILVER SPRING, MD 20910	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LEONARD P. MARINACCIO TITLE: VICE PRESIDENT ADDRESS: 8120 FENTON STREET, SUITE 300 CITY/ST/ZIP/CO: SILVER SPRING, MD 20910	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MARCEL BERNARD TITLE: TREASURER ADDRESS: 8120 FENTON ST STE 300 CITY/ST/ZIP/CO: SILVER SPRING, MD 20910	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MARVIN LEVINE TITLE: SECRETARY ADDRESS: 8120 FENTON STREET, SUITE 300 CITY/ST/ZIP/CO: SILVER SPRING, MD 20910	<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/ JOHN J SCOTT	JOHN J SCOTT, PRESIDENT	5/20/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.