



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 000076420

**2. Name of Corporation** Assurant Insurance Agency, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 11222 QUAIL ROOST DRIVE  
MAILSTOP AIA

City or Town: MIAMI State: FL Zip: 33157 Country: USA

**4. Business Phone No.**

3052532244

**5. State of Incorporation**

State: MN

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

**6. Brief Description of the Character of Business Conducted in Rhode Island**

INSURANCE AGENCY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID MADIGAN	11222 QUAIL ROOST DRIVE, MAILSTOP AIA MIAMI, FL 33157 USA
TREASURER	DAVIS TOUSSAINT	11222 QUAIL ROOST DRIVE, MAILSTOP AIA MIAMI, FL 33157 USA
SECRETARY	JEANNIE AMY ARAGON-CRUZ	11222 QUAIL ROOST DRIVE MIAMI, FL 33157 USA
DIRECTOR	DAVID MADIGAN	11222 QUAIL ROOST DRIVE, MAILSTOP AIA MIAMI, FL 33157 USA
DIRECTOR	DAVIS TOUSSAINT	11222 QUAIL ROOST DRIVE, MAILSTOP AIA MIAMI, FL 33157 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.1000	250,000.00	10000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 27 Day of April, 2024 at 11:13:58 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JEANNIE AMY ARAGON-CRUZ  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved