

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 25, 1996 08:00 AM
Secretary of State

DOCUMENT # 815245 (6)

1. Corporation Name

AMERICAN STATES INSURANCE COMPANY

Principal Place of Business

500 NORTH MERIDIAN STREET
INDIANAPOLIS INDIANA 46204

Mailing Address

500 NORTH MERIDIAN STREET
INDIANAPOLIS INDIANA 46204

3. Date Incorporated or Qualified
05/01/1961

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

35-0145400

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCCURLEY, F. CEDRIC
STREET ADDRESS 4436 EDINBURGH POINT
CITY-STATE-ZIP INDIANAPOLIS IN

1.1 TITLE C/D
1.2 NAME MCCURLEY, F. CEDRIC
1.3 STREET ADDRESS 4436 EDINBURGH POINT
1.4 CITY-STATE-ZIP INDIANAPOLIS, IN 46208
☒ Change ☐ Addition

TITLE VD
NAME BARTHEL, F. ERNEST
STREET ADDRESS 1756 GLENCARY CREST
CITY-STATE-ZIP GREENWOOD IN

2.1 TITLE V/T/D
2.2 NAME STEPHENSON, TODD R.
2.3 STREET ADDRESS 8924 STORMHAVEN COURT
2.4 CITY-STATE-ZIP INDIANAPOLIS, IN 46256
☐ Change ☒ Addition

TITLE VGC
NAME OBER, THOMAS M
STREET ADDRESS 5262 N CENTRAL AVE
CITY-STATE-ZIP INDIANAPOLIS IN

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE P/D
4.2 NAME LAWSON, WILLIAM J.
4.3 STREET ADDRESS 500 NORTH MERIDIAN STREET
4.4 CITY-STATE-ZIP INDIANAPOLIS, IN 46204
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE V/D
5.2 NAME GALLOGLY, JEROME T.
5.3 STREET ADDRESS 7614 CAPE COD CIRCLE
5.4 CITY-STATE-ZIP INDIANAPOLIS, IN 46250
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE D
6.2 NAME ANKER, ROBERT A.
6.3 STREET ADDRESS 3603 W. HAMILTON ROAD
6.4 CITY-STATE-ZIP FORT WAYNE, IN 46804
☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas M. Ober

THOMAS M. OBER, SECRETARY 1/18/96 (317) 262-6797

SIGNATURE AND TYPED OR PRINTED NAME, SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)