2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90004 013 ***158.75

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1. Entity Name

AMERICAN SERVICE INSURANCE COMPANY

J4UU0J00

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
9801 WEST HIGGINS ROAD, STE. 800 ROSEMONT IL 60018	9801 WEST HIGGINS ROAD, STE. 800 ROSEMONT IL 60018

2. Principal Place of Business	3. Mailing Address
150 Northwest Point Blvd.	150 Northwst Point Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Elk Grove Village, IL	City & State: Elk Grove Village, IL
Zip: 60007 Country: Cook	Zip: 60007 Country: Cook

4. FEI Number 36-3223936 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C STAR, WILLIAM G 4470 TUCANA COURT, PH5 MISSISSAUGA, ONTARIO, CANADA L5R -3K8	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, WILLIAM S 1495 THE LINKS DRIVE OAKVILLE, ONTARION, CANADA L6M -2P2	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, JOHN T 632 FLOCK AVENUE NAPERVILLE IL 60565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIRN, BENJAMIN H 366 SEVEN PINE CIRCLE HIGHLAND PARK IL 60035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZUHLKE, JAMES R 110 CLOVER HILL LANE BARRINGTON IL 60010	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Williamson, Brian K. 1454 Rosita Dr., Palatine, IL 60074 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLARK, JOHN T 632 FLOCK AVENUE NAPERVILLE IL 60565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John T. Clark JOHN T. CLARK 2/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #