

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003862

FILED
Jan 31, 2006
Secretary of State

Entity Name: AMERICAN SERVICE INSURANCE COMPANY

Current Principal Place of Business:

150 NORTHWEST PT BLVD.
ELK GROVE VILLAGE, IL 60007

New Principal Place of Business:

Current Mailing Address:

150 NORTHWEST PT BLVD.
ELK GROVE VILLAGE, IL 60007

New Mailing Address:

FEI Number: 36-3223936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: STAR, WILLIAM G
Address: 4470 TUCANA COURT, PH5
City-St-Zip: MISSISSAUGA, ONTARIO, CANADA, L5R 3K8

Title: D () Delete
Name: JACKSON, WILLIAM S
Address: 1495 THE LINKS DRIVE
City-St-Zip: OAKVILLE, ONTARIO, CANADA, L6M 2P2

Title: D () Delete
Name: CLARK, JOHN T
Address: 632 FLOCK AVENUE
City-St-Zip: NAPERVILLE, IL 60565

Title: D () Delete
Name: ZIRN, BENJAMIN H
Address: 366 SEVEN PINE CIRCLE
City-St-Zip: HIGHLAND PARK, IL 60035

Title: D () Delete
Name: OSSMANN, THOMAS R
Address: 795 OLD MILL GROVE.
City-St-Zip: LAKE ZURICH, IL 60047

Title: P () Delete
Name: OSSMANN, THOMAS R
Address: 795 OLD MILL GROVE
City-St-Zip: LAKE ZURICH, IL 60047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL PITALIS

VP

01/31/2006

Electronic Signature of Signing Officer or Director

_____ Date