

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007275

FILED
Apr 25, 2012
Secretary of State

Entity Name: AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.

Current Principal Place of Business:

142 NORTH MAIN STREET
ROANOKE, IN 46783

New Principal Place of Business:

Current Mailing Address:

142 NORTH MAIN STREET
ROANOKE, IN 46783

New Mailing Address:

FEI Number: 20-2007066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: DC
Name: MASTERS, KENNETH R
Address: 681 S PARKER STREET, SUITE 300
City-St-Zip: ORANGE, CA 92868

Title: P
Name: WITTWER, ANTHONY L
Address: 142 N MAIN STREET
City-St-Zip: ROANOKE, IN 46783

Title: V
Name: WALKER, CORY T
Address: 220 S RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T
Name: PORTO, RACHEL
Address: 30A VREELAND RD
City-St-Zip: FLORHAM PARK, NJ 07932

Title: SVP
Name: WEIR, DANIEL S
Address: 142 N MAIN ST
City-St-Zip: ROANOKE, IN 46783

Title: VS
Name: GRAMMIG, LAUREL L
Address: 3101 W DR MARTIN LUTHER KING, SUITE 400
City-St-Zip: TAMPA, FL 33607

I hereby 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 all other like empowered.

SIGNATURE: LAUREL L GRAMMIG

VS

04/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date