

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14970 (8)
 1. Corporation Name
ALL SAVERS INSURANCE COMPANY



Principal Place of Business 7440 WOODLAND DR. INDIANAPOLIS IN 46278-8719	Mailing Address 7440 WOODLAND DR. INDIANAPOLIS IN 46278-8719
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/24/1987	4. FEI Number 35-1665915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent FLORIDA COMMISSIONER OF INSURANCE THE CAPITOL TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, PATRICK	1.2 NAME	
STREET ADDRESS	10922 BRIGANTINE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERRILL, RICHARD L.	2.2 NAME	D Therese A. Rooney
STREET ADDRESS	7511 PALAIS COURT	2.3 STREET ADDRESS	8642 Highwoods Lane
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	Indianapolis, IN 46278
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S ROONEY, CATHLEEN L.	3.2 NAME	
STREET ADDRESS	8890 JULES LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PCD WHELAN, JOHN M.	4.2 NAME	
STREET ADDRESS	6717 LATOUR CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D William P Carmichael
STREET ADDRESS		5.3 STREET ADDRESS	808 S. Garfield Ave.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hinsdale, IL 60521
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Harry L. Javis
STREET ADDRESS		6.3 STREET ADDRESS	842 Western Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Flossmoor, IL 60422

14. 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 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: *Patrick F. Carr* **REQUIRED** Patrick F. Carr 317-290-4123

CR2E034 (10/97)

ALL SAVERS INSURANCE COMPANY
7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278

1998 FLORIDA PROFIT CORPORATION ANNUAL REPORT

ITEM # 13: note
Additional director (#7)

- 7.1 DIRECTOR
- 7.2 FRANK SIEPKER
- 7.3 181 W MADISON, SUITE 3550
- 7.4 CHICAGO, IL 60602