

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90005 027 ***550.00

DOCUMENT # P14970
 1. Entity Name
ALL SAVERS INSURANCE COMPANY



Principal Place of Business Mailing Address
 7440 WOODLAND DR. INDIANAPOLIS IN 46278-8719
 7440 WOODLAND DR. INDIANAPOLIS IN 46278-8719

04004323



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **35-1665915**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000

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

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

TITLE	T	<input type="checkbox"/> Delete
NAME	CARR, PATRICK	
STREET ADDRESS	10922 BRIGANTINE DRIVE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROONEY, THERESE A	
STREET ADDRESS	7720 COLLEGE AVENUE	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROONEY, CATHLEEN L.	
STREET ADDRESS	8890 JULES LANE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	WHELAN, JOHN M.	
STREET ADDRESS	6717 LATOUR CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARMICHAEL, WILLIAM P	
STREET ADDRESS	808 S GARFIELD AVE	
CITY-ST-ZIP	HINSDALE IL 60521	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIEPKER, FRANK	
STREET ADDRESS	181 W. MADISON SOUTH 3550	
CITY-ST-ZIP	CHICAGO IL 60602	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4088 Nautical Watch Drive	
CITY-ST-ZIP	Indianapolis IN 46236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J McDonnell	
STREET ADDRESS	109 Holly Road	
CITY-ST-ZIP	Hopkins MN 55343	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Arnold Munsell	
STREET ADDRESS	2119 Windsong Circle	
CITY-ST-ZIP	Wayzata MN 55391	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J. Sheehy	
STREET ADDRESS	5805 Mait Lane	
CITY-ST-ZIP	Edina MN 55436	

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: Satrah F. Carr Date: 5-11-04 Daytime Phone #: 317-297-4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR