

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003862

Entity Name: AMERICAN SERVICE INSURANCE COMPANY

Current Principal Place of Business:

150 NORTHWEST POINT BLVD.
ELK GROVE VILLAGE, IL 60007

Current Mailing Address:

150 NORTHWEST POINT BLVD.
ATTN: D. JENKINS, CORPORATE COMPLIANCE
ELK GROVE VILLAGE, IL 60007

FEI Number: 36-3223936

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

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

Officer/Director Detail :

Title PRES
Name WOLLNEY, SCOTT D
Address 150 NORTHWEST POINT BLVD.
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title VP
Name GILES, BRUCE W
Address 150 NORTHWEST POINT BLVD.
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title VP
Name SHUGRUE, JOSEPH R
Address 150 NORHTWEST POINT BLVD.
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title SEC
Name DIMAGGIO, LESLIE P
Address 150 NORTHWEST POINT BLVD
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title CFO
Name ROMANO, PAUL A
Address 150 NORTHWEST POINT BLVD.
City-State-Zip: ELK GROVE VILLAGE IL 60007

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: LESLIE P. DIMAGGIO

SECRETARY

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date