

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14970

**Entity Name:** ALL SAVERS INSURANCE COMPANY

**Current Principal Place of Business:**

7440 WOODLAND DRIVE  
INDIANAPOLIS, IN 46278-1719

**Current Mailing Address:**

7440 WOODLAND DRIVE  
INDIANAPOLIS, IN 46278-1719 US

**FEI Number:** 35-1665915

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

**FILED**  
**Apr 20, 2023**  
**Secretary of State**  
**1115506667CC**

*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 DIRECTOR, PRESIDENT, CEO  
Name ZARN, MARY HELEN  
Address 7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278-1719

Title TREASURER  
Name GILL, PETER MARSHALL  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR  
Name SULLIVAN, RICHARD CHARLES  
Address 7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title VP  
Name COTTINGTON, NYLE BRENT  
Address 9800 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

Title ASSISTANT SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title CFO  
Name QUIRAM, JUSTIN LYLE  
Address 9700 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

Title SECRETARY  
Name GREEN, JOSHUA JOSEPH  
Address 10175 LITTLE PATUXENT  
PKWY, SUITE 200  
MD101-1000  
City-State-Zip: COLUMBIA MD 21044

Title DIRECTOR  
Name GILDERNICK, AMY JO  
Address 2020 INNOVATION COURT,MS: WI054  
-1000  
City-State-Zip: DE PERE WI 54115

**Continues on page 2**

*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:** HEATHER ANASTASIA LANG

**ASSISTANT SECRETARY 04/20/2023**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name ZUBA, JESSICA LEIGH  
Address POST OFFICE BOX 9472,MAIL CODE: CA952-1000  
City-State-Zip: MINNEAPOLIS MN 55440

Title DIRECTOR  
Name STEELE, SUSAN CLARA  
Address 7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278-1719

Title DIRECTOR  
Name SPRINGER, DEREK` ALAN  
Address 7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278-1719