

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **819105** (8)

1. Corporation Name  
**AMERICAN SUMMIT INSURANCE COMPANY**



Principal Place of Business: **7900 FIRST AVENUE SOUTH MINNEAPOLIS MN 55420-1201 US**  
Mailing Address: **7900 FIRST AVENUE SOUTH MINNEAPOLIS MN 55420-1201 US**

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

3. Date Incorporated or Qualified: **10/22/1965**  
3a. Date of Last Report: **09/25/1995**  
4. FEI Number: **41-0776214** Applies For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City, **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(2)(b), 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 aware of, and accept the obligations of, Sections 607.06(2) and 607.15(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, JAMES E.</b>	
STREET ADDRESS	<b>4656 E. FOOTHILL DRIVE</b>	
CITY, STATE, ZIP	<b>PARADISE VALLEY AZ</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, JOHN F.</b>	
STREET ADDRESS	<b>7420 N 62ND ST.</b>	
CITY, STATE, ZIP	<b>PARADISE VALLEY AZ</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>KANIA, JOHN</b>	
STREET ADDRESS	<b>5550 PERSHING</b>	
CITY, STATE, ZIP	<b>SCOTTSDALE AZ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLANCHAR, JON W.</b>	
STREET ADDRESS	<b>25 NORMAN RIDGE DR.</b>	
CITY, STATE, ZIP	<b>BLOOMINGTON MN</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, JAMES L.</b>	
STREET ADDRESS	<b>9839 WYOMING CIRCLE</b>	
CITY, STATE, ZIP	<b>BLOOMINGTON MN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, STATE, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, STATE, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, STATE, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, STATE, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, STATE, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 Book 12 or Book 13 if changed, or on an attached list with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-95 1-612-888-8910

CR2E034 (12/95)