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FILED  
Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 819105 (8)

1. Corporation Name  
AMERICAN SUMMIT INSURANCE COMPANY



Principal Place of Business  
7800 FIRST AVENUE SOUTH  
MINNEAPOLIS MN 55420-1201  
US

Mailing Address  
7800 FIRST AVENUE SOUTH  
MINNEAPOLIS MN 55420-1201  
US

3. Date Incorporated or Qualified: 10/22/1965  
3a. Date of Last Report: 01/24/1996  
4. FEI Number: 41-0776214  
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

2. Principal Place of Business  
21 American Summit Ins. Co.

2a. Mailing Address  
26 7301 Ohms Lane

22 Ste. 355  
City & State

27 Ste. 355  
City & State

23 Minneapolis, MN

28 Minneapolis, MN

24 Zip 55349 Country USA

29 Zip 55439 Country USA

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 607.0502 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

Signature, typed or printed name of registered agent and location (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	MURPHY, JAMES E.	
STREET ADDRESS	4856 E. FOOTHILL DRIVE	
CITY - ST - ZIP	PARADISE VALLEY AZ	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MURPHY, JOHN F.	
STREET ADDRESS	7420 N 62ND ST.	
CITY - ST - ZIP	PARADISE VALLEY AZ	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KANIA, JOHN	
STREET ADDRESS	5550 PERSHING	
CITY - ST - ZIP	SCOTTSDALE AZ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLANCHAR, JON W.	
STREET ADDRESS	25 NORMAN RIDGE DR.	
CITY - ST - ZIP	BLOOMINGTON MN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MURPHY, JAMES L.	
STREET ADDRESS	9639 WYOMING CIRCLE	
CITY - ST - ZIP	BLOOMINGTON MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth J. Limberg	
1.3 STREET ADDRESS	10432 N. 7th Place	
1.4 CITY - ST - ZIP	Phoenix, AZ 85020	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-1997 612-83-7881  
Date Day, night Phone #

CR2E034 (9/96)