

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 21 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 819105 (8)
1. Corporation Name
AMERICAN SUMMIT INSURANCE COMPANY



Principal Place of Business AMERICAN SUMMIT INS. CO 7900 FIRST AVE SOUTH SUITE 355 MINNEAPOLIS MN 55439 US	Mailing Address 7301 OHMS LANE SUITE 355 MINNEAPOLIS MN 55439 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 American Summit Ins. Co. Suite, Apt. #, etc. 22 7301 Ohms Lane, Ste. 355 City & State 23 Minneapolis, MN 55439 Zip 24 55439 Country 25 USA		2a. Mailing Address 26 American Summit Ins. Co. Suite, Apt. #, etc. 27 7301 Ohms Lane, Ste. 355 City & State 28 Minneapolis, MN 55439 Zip 29 55439 Country 30 USA		3. Date Incorporated or Qualified 10/22/1965	4. FEI Number 41-0776214 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300				81 Name	10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, JAMES E.	1.2 NAME	Divine, Robert L.
STREET ADDRESS	4656 E. FOOTHILL DRIVE	1.3 STREET ADDRESS	3413 E. Burnsville Pkwy.
CITY-ST-ZIP	PARADISE VALLEY AZ	1.4 CITY-ST-ZIP	Burnsville, MN
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, JOHN F.	2.2 NAME	Rogers, Kelly E.
STREET ADDRESS	7420 N 62ND ST.	2.3 STREET ADDRESS	20960 Radisson Road
CITY-ST-ZIP	PARADISE VALLEY AZ	2.4 CITY-ST-ZIP	Excelsior, MN 55331
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMBERG, KENNETH J.	3.2 NAME	
STREET ADDRESS	10432 N. 7TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHAR, JON W.	4.2 NAME	
STREET ADDRESS	25 NORMAN RIDGE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JAMES L.	5.2 NAME	
STREET ADDRESS	9639 WYOMING CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James L. Murphy* **James L. Murphy**, 1/8/98, (800) 880-9380

CR2E034 (10/97)