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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	
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		
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		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 25 USA 30 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 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					
TITLE	PDC	1.1 TITLE			
NAME	MURPHY, JAMES E.	1.2 NAME			
STREET ADDRESS	4656 E. FOOTHILL DRIVE	1.3 STREET ADDRESS			
CITY - ST - ZIP	PARADISE VALLEY AZ	1.4 CITY - ST - ZIP			
TITLE	VPD	2.1 TITLE			
NAME	MURPHY, JOHN F.	2.2 NAME			
STREET ADDRESS	7420 N 62ND ST.	2.3 STREET ADDRESS			
CITY - ST - ZIP	PARADISE VALLEY AZ	2.4 CITY - ST - ZIP			
TITLE	T	3.1 TITLE			
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	4.1 TITLE			
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	5.1 TITLE			
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		6.1 TITLE			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - ST - ZIP		6.4 CITY - ST - ZIP			



DO NOT WRITE IN THIS SPACE

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	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	D
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	2.1 TITLE	D
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	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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		6.1 TITLE	
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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Murphy

1/8/98

(800) 880-9380

Date

Daytime Phone #

0502502

CR2E034 (10/97)