

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90196 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 819105

1. Corporation Name
AMERICAN SUMMIT INSURANCE COMPANY



Principal Place of Business	Mailing Address
7301 OHMS LANE 355 MINNEAPOLIS MN 55439 US	7301 OHMS LANE 355 MINNEAPOLIS MN 55439 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	Applied For
10/22/1965	Not Applicable
4. FEI Number	Applied For
41-0776214	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 owes the current year Intangible Personal Property Tax.	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	MURPHY, JAMES E.	
STREET ADDRESS	4656 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 type="checkbox"/> DELETE
NAME	LIMBERG, KENNETH J.	
STREET ADDRESS	10432 N. 7TH PLACE	
CITY-ST-ZIP	PHOENIX 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	D	<input type="checkbox"/> DELETE
NAME	DIVINE, ROBERT L	
STREET ADDRESS	3413 E BURNSVILLE PKWY	
CITY-ST-ZIP	BURNSVILLE MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Kenneth J. Limberg* **Kenneth J. Limberg**, Treasurer 04/27/99 (480) 991-2176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)