

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90078 012 ***150.00

DOCUMENT # 819105

1. Entity Name
AMERICAN SUMMIT INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7301 OHMS LANE MINNEAPOLIS MN 55439 US	Mailing Address 7301 OHMS LANE 355 MINNEAPOLIS MN 55439-2336 US
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2. Principal Place of Business 1111 Ashworth Road Suite, Apt. #, etc.	3. Mailing Address 1111 Ashworth Road Suite, Apt. #, etc.
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City & State West Des Moines, IA	City & State West Des Moines, IA	4. FEI Number 41-0776214	Applied For Not Applicable
Zip 50265	Country USA	Zip 50265	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	PDC	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JAMES E.	
STREET ADDRESS	4656 E. FOOTHILL DRIVE	
CITY-ST-ZIP	PARADISE VALLEY AZ	
TITLE	VPD	<input checked="" 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	LIMBERG, KENNETH J.	
STREET ADDRESS	10432 N. 7TH PLACE	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLANCHAR, JON W.	
STREET ADDRESS	25 NORMAN RIDGE DR.	
CITY-ST-ZIP	BLOOMINGTON MN	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JAMES L.	
STREET ADDRESS	9639 WYOMING CIRCLE	
CITY-ST-ZIP	BLOOMINGTON MN	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIVINE, ROBERT L	
STREET ADDRESS	3413 E BURNSVILLE PKWY	
CITY-ST-ZIP	BURNSVILLE MN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See attached sheet for complete list of officers and directors. All to be contacted at:
STREET ADDRESS	1111 Ashworth Road
CITY-ST-ZIP	West Des Moines, IA 50265
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas C. Farr* Thomas C. Farr 4/21/00 515-267-5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)