

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90087 003 \*\*\*150.00

**DOCUMENT # 819105**

1. Entity Name  
**AMERICAN SUMMIT INSURANCE COMPANY**

Principal Place of Business      Mailing Address  
**1111 ASHWORTH ROAD**      **P.O. BOX 2650**  
**WEST DES MOINES IA 50265**      **WACO TX 76702-2650**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**14805 North 73rd Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**SCOTTSDALE AZ**           **41-0776214**       Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**85260-3107**      **USA**               

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>INSURANCE COMMISSIONER</b>		Name	
<b>CAPITOL</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>TALLAHASSEE FL 32399-0300</b>		City <b>FL</b> 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.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>MURPHY, JAMES E.</b> <b>4656 E. FOOTHILL DRIVE</b> <b>PARADISE VALLEY AZ</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MURPHY, RICHARD J.</b> <b>4610 N. 65th ST. #422</b> <b>SCOTTSDALE AZ 85251</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VANEK, GREGORY D</b> <b>3030 BOSQUE RIDGE</b> <b>CRAWFORD TX 76638</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD</b> <b>STANTON, WILLIAM C</b> <b>9907 SANDALWOOD</b> <b>WACO TX 76712</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PLESKOVITCH, JOHN</b> <b>21631 N. 45TH</b> <b>PHOENIX AZ 85050</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BOWSHER, ERICA</b> <b>4411 N. 28TH PL.</b> <b>PHOENIX AZ 85016</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>DIVINE, ROBERT L</b> <b>3413 E BURNSVILLE PKWY</b> <b>BURNSVILLE MN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Greg Vanek**      2/21/02      254-399-0626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)