

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846611 (2)
1. Corporation Name
AMERICAN STATE PREFERRED INSURANCE COMPANY

FILED
Jan 25, 1996 08:00 AM
Secretary of State



Principal Place of Business Mailing Address
500 NORTH MERIDIAN STREET
INDIANAPOLIS IN 46204 500 NORTH MERIDIAN STREET
INDIANAPOLIS IN 46204

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1980		3a. Date of Last Report 01/26/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 35-1466792		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BUILDING TALLAHASSEE FL 32301				81 Name			
				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

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	PD	1.1 TITLE	C/D
NAME	MCCURLEY, F. CEDRIC	1.2 NAME	MCCURLEY, F. CEDRIC
STREET ADDRESS	4436 EDINBURGH POINT	1.3 STREET ADDRESS	4436 EDINBURGH POINT
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46208
TITLE	VTD	2.1 TITLE	V/T/D
NAME	BARTHEL, F. ERNEST	2.2 NAME	STEPHENSON, TODD R.
STREET ADDRESS	1752 GLENCARY CREST	2.3 STREET ADDRESS	8924 STORMHAVEN COURT
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46256
TITLE	V	3.1 TITLE	P/D
NAME	COFFIN, J. ROBERT	3.2 NAME	LAWSON, WILLIAM J.
STREET ADDRESS	5244 BOARDWALK PLACE	3.3 STREET ADDRESS	500 NORTH MERIDIAN STREET
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46204
TITLE	V	4.1 TITLE	V/S/GC
NAME	OBER, THOMAS M.	4.2 NAME	OBER, THOMAS M.
STREET ADDRESS	5262 N. CENTRAL AVE.	4.3 STREET ADDRESS	5262 N. CENTRAL AVENUE
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46220
TITLE		5.1 TITLE	V/D
NAME		5.2 NAME	GALLOGLY, JEROME T.
STREET ADDRESS		5.3 STREET ADDRESS	7614 CAPE COD CIRCLE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE		6.1 TITLE	D
NAME		6.2 NAME	ANKER, ROBERT A.
STREET ADDRESS		6.3 STREET ADDRESS	3603 W. HAMILTON ROAD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FORT WAYNE, IN 46804

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas M. Ober

THOMAS M. OBER, SECRETARY 1/18/96

(317) 262-6797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)