

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003862

FILED
Jan 05, 2010
Secretary of State

Entity Name: AMERICAN SERVICE INSURANCE COMPANY

Current Principal Place of Business:

150 NORTHWEST PT BLVD.
ELK GROVE VILLAGE, IL 60007

New Principal Place of Business:

150 NORTHWEST POINT BLVD.
ELK GROVE VILLAGE, IL 60007

Current Mailing Address:

150 NORTHWEST PT BLVD.
ELK GROVE VILLAGE, IL 60007

New Mailing Address:

150 NORTHWEST POINT BLVD.
ATTN: D. JENKINS
ELK GROVE VILLAGE, IL 60007

FEI Number: 36-3223936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR
Name: SIMPSON, COLIN M
Address: 7120 HURONTARIO STREET, SUITE 800
City-St-Zip: MISSISSAUGA, ON L5W 0A9 CN

Title: PRES
Name: WOLLNEY, SCOTT D
Address: 150 NORTHWEST POINT BLVD
City-St-Zip: ELK GROVE VILLAGE, IL 60007 US

Title: SEC
Name: BROOKS, DOROTHY A
Address: 150 NORTHWEST POINT BLVD.
City-St-Zip: ELK GROVE VILLAGE, IL 60007

Title: DIR
Name: HOWIE, KATHLEEN A
Address: 7120 HURONTARIO STREET, SUITE 800
City-St-Zip: MISSISSAUGA, ON L5W 0A9

Title: CFO
Name: SUERTH, MICHAEL W
Address: 150 NORTHWEST POINT BLVD.
City-St-Zip: ELK GROVE VILLAGE, IL 60007

Title: DIR
Name: WOLLNEY, SCOTT D
Address: 150 NORTHWEST POINT BLVD.
City-St-Zip: ELK GROVE VILLAGE, IL 60007

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT D. WOLLNEY

PRES

01/05/2010

Electronic Signature of Signing Officer or Director

Date