2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003862

Entity Name: AMERICAN SERVICE INSURANCE COMPANY

FILED Jan 10, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

150 NORTHWEST POINT BLVD. ELK GROVE VILLAGE, IL 60007

Current Mailing Address: New Mailing Address:

150 NORTHWEST POINT BLVD. ATTN: D. JENKINS, CORPORATE COMPLIANCE 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: Name and Address of New Registered Agent:

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

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

OFFICERS AND DIRECTORS:

Title: PRES

Name: WOLLNEY, SCOTT D

Address: 150 NORTHWEST POINT BLVD.
City-St-Zip: ELK GROVE VILLAGE, IL 60007 US

Title: SEC

Name: DIMAGGIO, LESLIE P

Address: 150 NORTHWEST POINT BLVD
City-St-Zip: ELK GROVE VILLAGE, IL 60007 US

Title: VP

Name: GILES, BRUCE W

Address: 150 NORTHWEST POINT BLVD.
City-St-Zip: ELK GROVE VILLAGE, IL 60007 US

Title: CFO

Name: ROMANO, PAUL A

Address: 150 NORTHWEST POINT BLVD.
City-St-Zip: ELK GROVE VILLAGE, IL 60007 US

Title: VP

Name: SHUGRUE, JOSEPH R
Address: 150 NORHTWEST 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: LESLIE DIMAGGIO SEC 01/10/2012