

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

APPROVED
AND
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1995

95 MAR -1 PM 4: 28

DOCUMENT # F93000002328 (3)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

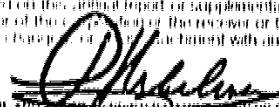
AMERICAN SPECIALTY INSURANCE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Filing Office of Incorporation		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
P. O. BOX 309 ROANOKE IN 46783-0309		P. O. BOX 309 ROANOKE IN 46783-0309		05/06/1993	05/01/1994
21. Street	22. City & State	26. Street	27. City & State	4. FEI Number	Applied For
142 N. Main Street	Roanoke, IN			35-1781838	Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
46783	USA			<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300				B1. Name	
				B2. Street Address (P.O. Box Number is Not Acceptable)	
				B3.	
				B4. City	
				FL B5. Zip Code	
11. I, the undersigned, being duly sworn, and in compliance of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of incorporation and office 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 licensed with respect to the obligations of Section 607.0505, Florida Statutes.					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PTD	ESHELMAN, PETER THOMAS 6755 E. 900 SOUTH COLUMBIA CITY IN 46725	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EVPD	HARRIS, DAVID ALLAN 10209 DEER CREEK LANE FORT WAYNE IN 46804	12 NAME	
VPSD	ESHELMAN, TIMOTHY JOHN 199 N MAIN ST ROANOKE IN	13 STREET ADDRESS	
		14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		15 NAME	
		16 STREET ADDRESS	
		17 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		18 NAME	
		19 STREET ADDRESS	
		20 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		21 NAME	
		22 STREET ADDRESS	
		23 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		24 NAME	
		25 STREET ADDRESS	
		26 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied by this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (7)(c)(b), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. If I am not duly sworn, the recovery or treatment of my name on this report as required by Chapter 607, Florida Statutes, and that my name appears on this report as required by Chapter 607, Florida Statutes, shall be null and void.

SIGNATURE: 
Peter T. Eselman
REGISTERED AGENT AND SECRETARY OF STATE

2/21/95 (219) 672-8800
Date Phone #