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Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # F93000002328

1. Corporation Name

American Specialty Insurance Services, Inc.

Principal Place of Business: 142 North Main Street, Roanoke, IN 46783

Mailing Address: P.O. Box 309, Roanoke, IN 46783-0309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 142 North Main Street	26 P.O. Box 309
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Roanoke, IN	28 City & State: Roanoke, IN
24 Zip: 46783 / 25 Country: USA	29 Zip: 46783-0309 / 30 Country: USA

3. Date Incorporated or Qualified: 5-6-1993 FL qualification

4. FEI Number: 35-1781838 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

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 M.S. [signature] (Signature of Registered Agent required when reinstating) DATE 5/19/98

12. OFFICERS AND DIRECTORS

TITLE	President and Treasurer, Director ☐ DELETE
NAME	Peter T. Eshelman
STREET ADDRESS / CITY-ST-ZIP	6755 E 900 S, Columbia City IN 46725
TITLE	Vice President, Director ☐ DELETE
NAME	David A. Harris
STREET ADDRESS	11105 Chestnut Ridge Court
CITY-ST-ZIP	Fort Wayne, IN 46804
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President and Secretary, Director ☐ Change ☑ Addition
1.2 NAME	Timothy J. Eshelman
1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	199 Main Street, Roanoke, IN 46783
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. 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 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: [signature] Peter T. Eshelman 4-17-98 219-672-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Day time Phone #

CR2E034 (10/97)