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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F9300002328**

1. Corporation Name
American Specialty Insurance Services, Inc.

Principal Place of Business Mailing Address

142 North Main Street P.O. Box 309
 Roanoke, IN 46783 Roanoke, IN 46783-0309

3. Date Incorporated or Qualified
10/23/1989

4. FEI Number
35-1781838

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 the current-year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **142 North Main Street** 26 **P.O. Box 309**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
Roanoke, IN **Roanoke, IN**

23 Zip Country 28 Zip Country
46783 USA **46783-0309 USA**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President & CEO, Director, Treasurer <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter T. Eshelman	1.2 NAME	
STREET ADDRESS	142 N. Main Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Roanoke, IN 46783	1.4 CITY-ST-ZIP	
TITLE	Exec. VP/Secretary, Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy J. Eshelman	2.2 NAME	
STREET ADDRESS	142 N. Main Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Roanoke, IN 46783	2.4 CITY-ST-ZIP	
TITLE	Exec VP/Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David A. Harris	3.2 NAME	
STREET ADDRESS	142 N. Main Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Roanoke, IN 46783-0309 <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:  Peter T. Eshelman 3-30-99 219-672-8800
Signature and Typed or Printed Name of Signing Officer or Director Date Day/Time Phone #

CR2E034 (1/98)