

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002328. ✓

1. Entity Name

American Specialty Insurance Services, Inc.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90049 042 ***150.00

Principal Place of Business

142 North Main Street
Roanoke, IN 46783

Mailing Address

PO Box 309
Roanoke, IN 46783-0309

00049359

2. Principal Place of Business

142 N. Main Street
Suite, Apt. #, etc.

3. Mailing Address

PO Box 309
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Roanoke, IN

City & State

Roanoke, IN

4. FEI Number

35-1781838

Applied For

Not Applicable

Zip

46783

Country

USA

Zip

46783-0309

Country

USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President and CEO, Director
NAME	Peter T. Eshelman
STREET ADDRESS	142 N. Main Street
CITY-ST-ZIP	Roanoke, IN 46783-0309
TITLE	EVP, Director <input type="checkbox"/> Delete
NAME	David A. Harris
STREET ADDRESS	142 N. Main Street
CITY-ST-ZIP	Roanoke, IN 46783-0309
TITLE	EVP, Sec & Treasure, Director
NAME	Timothy J. Eshelman
STREET ADDRESS	142 N. Main Street
CITY-ST-ZIP	Roanoke, IN 46783-0309

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

219-672-8800

Daytime Phone #

CR2E034 (9/99)