2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90642 034 ***150.00

DOCUMENT # F 93000002328 ✓

1. Entity Name

American Specialty Insurance Services, Inc.

Principal Place of Business	Mailing Address
142 N. Main Street Roanoke, IN 46783-0309	PO Box 309

D0056879

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

Timothy J. Eshelman
81250 Overseas Highway #5, PO Box 1541
Islamorada, FL 33036-1541

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 ANNUAL REPORT FEE IS $150.00
After May 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President, Director ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Peter T. Eshelman	NAME	
STREET ADDRESS	142 N. Main Street	STREET ADDRESS	
CITY-ST-ZIP	Roanoke, IN 46783	CITY-ST-ZIP	
TITLE	EVP/Director/Secy/Treas ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Timothy J. Eshelman	NAME	
STREET ADDRESS	142 N. Main Street	STREET ADDRESS	
CITY-ST-ZIP	Roanoke, IN 46783	CITY-ST-ZIP	
TITLE	EVP/Director ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	David A. Harris	NAME	
STREET ADDRESS	142 N. Main Street	STREET ADDRESS	
CITY-ST-ZIP	Roanoke, IN 46783	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Peter T. Eshelman 4-25-01 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR