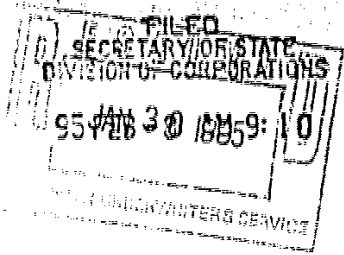


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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



**DOCUMENT # K54563 (7)**  
1. Corporation Name  
**AMERICAN ADJUSTING COMPANY INCORPORATED**

Principal Place of Business  
**204 N BROADWAY  
ABILENE KS 67410  
US**

Mailing Address  
**P.O. BOX 607  
C/O DALE CORRELL  
ABILENE KS 67410-0607  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/19/1988</b>	3a. Date of Last Report <b>06/29/1994</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2959060</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WATKINS, DAVID 1410 QUAIL DR SARASOTA FL 34231</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRELL, DALE	1.2 NAME	
STREET ADDRESS	ROUTE 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	ABILENE KS 67410	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, RICHARD O	2.2 NAME	
STREET ADDRESS	26430 W. 108TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLATHE KS 66081	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIESTERFELD, ROLAND	3.2 NAME	
STREET ADDRESS	1143 DOUGLAS LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRETE IL 60417	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARING, ROBERT E	4.2 NAME	Varing, Robert E.
STREET ADDRESS	2120 WENTWORTH AVENUE	4.3 STREET ADDRESS	9880 Conrad, Inver Grove MTS
CITY-ST-ZIP	SOUTH ST PAUL MN 55075	4.4 CITY-ST-ZIP	S. St. Paul, MN 55076
TITLE	D	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, BRADLEY	5.2 NAME	Watkins, Bradley
STREET ADDRESS	311 ABEND	5.3 STREET ADDRESS	8900 Five Forks Road
CITY-ST-ZIP	BELLVILLE IL 62221	5.4 CITY-ST-ZIP	Freeburg, Illinois 62243
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, DUNCAN	6.2 NAME	
STREET ADDRESS	200 S. 4TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA IL 00134-0520	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: \_\_\_\_\_ 2-3-95 913.763.1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR