

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P14970 (8)
1. Corporation Name
ALL SAVERS INSURANCE COMPANY



Principal Place of Business: **7440 WOODLAND DR. INDIANAPOLIS IN 46278-8719**
Mailing Address: **7440 WOODLAND DR. INDIANAPOLIS IN 46278-8719**

3. Date Incorporated or Qualified: **06/24/1987** 3a. Date of Last Report: **04/27/1995**
4. FEI Number: **35-1665915** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 [] 2a. Mailing Address: 26 []
22 Sube, Apt. #, etc.: [] 27 Suite, Apt. #, etc.: []
23 City & State: [] 28 City & State: []
24 Zip: [] 25 Country: [] 29 Zip: [] 30 Country: []

9. Name and Address of Current Registered Agent: **FLORIDA COMMISSIONER OF INSURANCE THE CAPITOL TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent: 81 Name: [] 82 Street Address (P.O. Box Number is Not Acceptable): [] 83 [] 84 City: [] 85 Zip Code: **FL**

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD <input checked="" type="checkbox"/> DELETE	NAME: SUTTLES, RANDALL E.	1.1 TITLE: T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME: Carr, Patrick F.
STREET ADDRESS: R.R. 2, BOX 118-1	CITY-ST-ZIP: FRANKLIN IN	1.3 STREET ADDRESS: 10922 Brigantine Drive	1.4 CITY-ST-ZIP: Indianapolis, Indiana 46256
TITLE: V <input type="checkbox"/> DELETE	NAME: MERRILL, RICHARD L.	2.1 TITLE: [] <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: []
STREET ADDRESS: 7511 PALAIS COURT	CITY-ST-ZIP: INDIANAPOLIS IN	2.3 STREET ADDRESS: []	2.4 CITY-ST-ZIP: []
TITLE: S <input type="checkbox"/> DELETE	NAME: ROONEY, CATHLEEN L.	3.1 TITLE: [] <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: []
STREET ADDRESS: 8890 JULES LANE	CITY-ST-ZIP: INDIANAPOLIS IN	3.3 STREET ADDRESS: []	3.4 CITY-ST-ZIP: []
TITLE: CD <input type="checkbox"/> DELETE	NAME: WHELAN, JOHN M.	4.1 TITLE: PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: []
STREET ADDRESS: 6717 LATOUR CIRCLE	CITY-ST-ZIP: INDIANAPOLIS IN	4.3 STREET ADDRESS: []	4.4 CITY-ST-ZIP: []
TITLE: D <input type="checkbox"/> DELETE	NAME: ROONEY, J. PATRICK	5.1 TITLE: [] <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: []
STREET ADDRESS: 7135 ALMADEN DRIVE	CITY-ST-ZIP: INDIANAPOLIS IN	5.3 STREET ADDRESS: []	5.4 CITY-ST-ZIP: []
TITLE: [] <input type="checkbox"/> DELETE	NAME: []	6.1 TITLE: [] <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: []
STREET ADDRESS: []	CITY-ST-ZIP: []	6.3 STREET ADDRESS: []	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 119.07(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: *Patrick F. Carr* Date: **2/27/96** Daytime Phone #: **317-297-4123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)