

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90182 048 ***150.00

DOCUMENT # P14970

1. Entity Name
ALL SAVERS INSURANCE COMPANY

A0006853



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
7440 WOODLAND DR. **7440 WOODLAND DR.**
INDIANAPOLIS IN 46278-8719 **INDIANAPOLIS IN 46278-1720**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **35-1665915**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA COMMISSIONER OF INSURANCE
THE CAPITOL
TALLAHASSEE FL 32301

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 State

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

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CARR, PATRICK | |
| STREET ADDRESS | 10922 BRIGANTINE DRIVE | |
| CITY-ST-ZIP | INDIANAPOLIS IN | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROONEY, THERESE A | |
| STREET ADDRESS | 8642 HIGHWOODS LANE | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46278 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ROONEY, CATHLEEN L. | |
| STREET ADDRESS | 8890 JULES LANE | |
| CITY-ST-ZIP | INDIANAPOLIS IN | |
| TITLE | PCD | <input type="checkbox"/> Delete |
| NAME | WHELAN, JOHN M. | |
| STREET ADDRESS | 6717 LATOUR CIRCLE | |
| CITY-ST-ZIP | INDIANAPOLIS IN | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CARMICHAEL, WILLIAM P | |
| STREET ADDRESS | 808 S GARFIELD AVE | |
| CITY-ST-ZIP | HINSDALE IL 60521 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAVIS, HARRY L | |
| STREET ADDRESS | 842 WESTERN AVE | |
| CITY-ST-ZIP | FLOSMOOR IL 60422 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|--|
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Frank Sieker | |
| STREET ADDRESS | 181 W. Madison Soute 3550 | |
| CITY-ST-ZIP | Chicago, IL 60602 | |
| TITLE | | <input type="checkbox"/> Change Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change Addition |
| NAME | | |
| 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: *Patrick Carr*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00 317-290-800 ext. 7617
 Date Daytime Phone #

CR2E034 (9/99)