

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90060 048 ***150.00

DOCUMENT # P14970

1. Entity Name
ALL SAVERS INSURANCE COMPANY

Principal Place of Business

Mailing Address

7440 WOODLAND DR.
 INDIANAPOLIS IN 46278-8719

7440 WOODLAND DR.
 INDIANAPOLIS IN 46278-8719

C0023103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1665915**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA COMMISSIONER OF INSURANCE
THE CAPITOL
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! 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	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	

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

Date: *1/24/01*
 Daytime Phone #: *317-290-8100 ext 767*

CR2E034 (10/00)