


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 A
Secretary of State

DOCUMENT # P14970 1. Entity Name ALL SAVERS INSURANCE COMPANY	
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Principal Place of Business 7440 WOODLAND DR. INDIANAPOLIS, IN 46278-8719	Mailing Address 7440 WOODLAND DR. INDIANAPOLIS, IN 46278-8719
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DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 35-1665915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

1100000247326
03/01/05-80013-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARR, PATRICK 9088 NAUTICAL WATER DR. INDIANAPOLIS, IN 46236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROONEY, THERESE A 7720 COLLEGE AVENUE INDIANAPOLIS, IN 46240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROONEY, CATHLEEN L. 8890 JULES LANE INDIANAPOLIS, IN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDONNELL, MICHAEL J 109 HOLLY RD. HOPKINS, MN 55343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUNSELL, WILLIAM A 2119 WINDSONG CIR. WAYZATA, MN 55391
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEELY, ROBERT J 5805 MAIT LANE MINNEAPOLIS, MN 55436

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Patrick F Carr* 3/18/05 317-715-7617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #