

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90051 038 \*\*\*150.00

**DOCUMENT # P14970**  
 1. Entity Name  
**ALL SAVERS INSURANCE COMPANY**



4001840

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



2. Principal Place of Business  
 Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number: 35-1665915  
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired  \$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

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

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 <input checked="" type="checkbox"/> Delete ROONEY, THERESE A 7720 COLLEGE AVENUE INDIANAPOLIS, IN 46240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete ROONEY, CATHLEEN L. 8890 JULES LANE INDIANAPOLIS, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCDONNELL, MICHAEL J 109 HOLLY RD. HOPKINS, MN 55343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MUNSELL, WILLIAM A 2119 WINDSONG CIR. WAYZATA, MN 55391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHEELY, ROBERT J 5805 MAIT LANE MINNEAPOLIS, MN 55436

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David Wichmann 5901 Lincoln Drive Edina, MN 55436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jillian Renee Foucre 233 North Michigan Ave Chicago IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5901 Lincoln Drive Edina, MN 55436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dr Norman Ryan 233 North Michigan Ave. Chicago IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date: 2/19/06 Daytime Phone #: 317-715-7617