


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90009 006 ***150.00

DOCUMENT # P14970	
1. Entity 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082007 Chg-P CR2E034 (12/06)



4. FEI Number 35-1665915	Applied For <input type="checkbox"/> Not Applicable
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T & D	<input type="checkbox"/> Delete
NAME	CARR, PATRICK	
STREET ADDRESS	9088 NAUTICAL WATER DR.	
CITY - ST - ZIP	INDIANAPOLIS, IN 46236	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOUCTE, JILLIAN R	
STREET ADDRESS	233 N MICHIGAN AVE	
CITY - ST - ZIP	CHICAGO, IL 60601	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDONNELL, MICHAEL J	
STREET ADDRESS	5901 LINCOLN DR	
CITY - ST - ZIP	EDINA, MN 55436	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RYAN, NORMAN DR	
STREET ADDRESS	233 NORTH MICHIGAN AVE	
CITY - ST - ZIP	CHICAGO, IL 60601	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEELY, ROBERT J	
STREET ADDRESS	5805 MAIT LANE	
CITY - ST - ZIP	MINNEAPOLIS, MN 55436	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard A. Collins	
STREET ADDRESS	7440 Woodland Drive	
CITY - ST - ZIP	Indpls IN 46278	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve L. Pollack	
STREET ADDRESS	7440 Woodland Drive	
CITY - ST - ZIP	Indpls IN 46278	

TITLE	Julie A. VanStraten	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3100 AMS Boulevard	
STREET ADDRESS	Green Bay WI 54313	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patrick F. Carr

3/14/07

317-715-7617