


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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2007



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
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
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	T & D	<input type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARR, PATRICK			NAME	Richard A. Collins		
STREET ADDRESS	9088 NAUTICAL WATER DR.			STREET ADDRESS	7440 Woodland Drive		
CITY-ST-ZIP	INDIANAPOLIS, IN 46236			CITY-ST-ZIP	Indpls IN 46278		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FOUCTE, JILLIAN R			NAME	Steve L. Pollack		
STREET ADDRESS	233 N MICHIGAN AVE			STREET ADDRESS	7440 Woodland Drive		
CITY-ST-ZIP	CHICAGO, IL 60601			CITY-ST-ZIP	Indpls IN 46278		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Julie A. VanStraten	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCDONNELL, MICHAEL J			NAME	3100 AMS Boulevard		
STREET ADDRESS	5901 LINCOLN DR			STREET ADDRESS	Green Bay WI 54313		
CITY-ST-ZIP	EDINA, MN 55436			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYAN, NORMAN DR			NAME			
STREET ADDRESS	233 NORTH MICHIGAN AVE			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60601			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEELY, ROBERT J			NAME			
STREET ADDRESS	5805 MAIT LANE			STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS, MN 55436			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Patrick F. Carr* Date: 3/14/07 Daytime Phone #: 317-715-7617