

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14970

FILED  
Apr 19, 2012  
Secretary of State

Entity Name: ALL SAVERS INSURANCE COMPANY

**Current Principal Place of Business:**

7440 WOODLAND DR.  
INDIANAPOLIS, IN 462788719

**New Principal Place of Business:**

**Current Mailing Address:**

7440 WOODLAND DR.  
INDIANAPOLIS, IN 462788719

**New Mailing Address:**

FEI Number: 35-1665915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DTS  
Name: CARR, PATRICK F  
Address: 7440 WOODLAND DRIVE  
City-St-Zip: INDIANAPOLIS, IN 46278

Title: DVP  
Name: GABRIEL, JAMES M  
Address: 3100 AMS BOULEVARD  
City-St-Zip: GREEN BAY, WI 54313

Title: D  
Name: VAN STRATEN, JULIE A  
Address: 3100 AMS BOULEVARD  
City-St-Zip: GREEN BAY, WI 54313

Title: PD  
Name: COLLINS, RICHARD A  
Address: 7440 WOODLAND DRIVE  
City-St-Zip: INDIANAPOLIS, IN 46278

Title: D  
Name: RICHEY, DARRELL S  
Address: 7440 WOODLAND DRIVE  
City-St-Zip: INDIANAPOLIS, IN 55436

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIE A. VAN STRATEN

D

04/19/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date