

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015696

FILED
Apr 24, 2006
Secretary of State

Entity Name: AMERICAN SELECT INSURANCE MANAGEMENT CORPORATION

Current Principal Place of Business:

274 UNION BOULEVARD
SUITE 450
LAKEWOOD, CO 80228

New Principal Place of Business:

Current Mailing Address:

274 UNION BOULEVARD
SUITE 450
LAKEWOOD, CO 80228

New Mailing Address:

FEI Number: 59-3575067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLIMCZAK, PAUL J
3605 US ALT 19 N
PALM HARBOR, FL 34683 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOWLES, JIM
Address: 3605 ALT US 19N
City-St-Zip: PALM HARBOR, FL 34683

Title: COO () Delete
Name: BAER, JOANNE
Address: 100 SPRINGHOUSE DRIVE
City-St-Zip: COLLEGEVILLE, PA 19426

Title: VPD () Delete
Name: WARD, DAVE SAO
Address: 274 UNION BOULEVARD
City-St-Zip: LAKEWOOD, CO 80228

Title: VP () Delete
Name: HARTMAN, LORI
Address: 274 UNION BOULEVARD
City-St-Zip: LAKEWOOD, CO 80228

Title: SVP () Delete
Name: FAY, WILLIAM
Address: 1011 HIGHWAY 71
City-St-Zip: SPRING LAKE HEIGHTS, NJ 07762

Title: VP (X) Delete
Name: BAERMANN, WILLIAM S
Address: 274 UNION BOULEVARD
City-St-Zip: LAKEWOOD, CO 80228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOWLES, JAMES O
Address: 274 UNION BOULEVARD
City-St-Zip: LAKEWOOD, CO 80228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVPD (X) Change () Addition
Name: WARD, DAVID
Address: 274 UNION BOULEVARD
City-St-Zip: LAKEWOOD, CO 80228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID W. WARD

SVP

04/24/2006

Electronic Signature of Signing Officer or Director

Date