

No. C 158012		Due no later than Dec 30, 2005 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC. NIKKI TURNER 142 MAIN ST ROANOKE IN 46783 0000		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 0000			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	PETER T ESHELMAN	142 N MAIN STREET	ROANOKE	IN	USA	46783	
DIRECTOR	JIM W HENDERSON	220 S. RIDGEWOOD AVENUE	DAYTONA BEACH	FL	USA	32114	
SECRETARY	LAUREL L GRAMMIG	3101 W. MARTIN LUTHER KING JR	TAMPA	FL	USA	33607	
5. Organized Under the Laws of: INDIANA C 158012		6. Annual Report must be signed.* Signature: Peter T. Eshelman Name (type or print): Peter T. Eshelman					
		Date: 10/21/2005 Title: President					
Processed 10/21/2005 * Electronically provided signatures are accepted as original signatures.							