

1.) CORPORATION NAME:

DUE DATE: **6/30/2014**

**All Savers Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1932393**

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7440 Woodland Drive

CITY/ST/ZIP: Indianapolis, IN 46278

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Michael L Corne	
TITLE:	DIRECTOR	
ADDRESS:	7440 Woodland Drive	
CITY/ST/ZIP/CO:	Indianapolis, IN 46278	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Patrick F Carr	
TITLE:	PRESIDENT	
ADDRESS:	7440 Woodland Drive	
CITY/ST/ZIP/CO:	Indianapolis, IN 46278	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	James M Gabriel	
TITLE:	VICE PRESIDENT	
ADDRESS:	3100 AMS Boulevard	
CITY/ST/ZIP/CO:	Green Bay, WI 54313	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Darrell S Richey	
TITLE:	DIRECTOR	
ADDRESS:	7440 Woodland Drive	
CITY/ST/ZIP/CO:	Indianapolis, IN 46278	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Julie A Van Straten	
TITLE:	SECRETARY	
ADDRESS:	3100 AMS Boulevard	
CITY/ST/ZIP/CO:	Green Bay, WI 54313	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Brian L Davis	
TITLE:	VICE PRESIDENT	
ADDRESS:	7440 Woodland Drive	
CITY/ST/ZIP/CO:	Indianapolis, IN 46278	

NAME: Cheryl A Thomson TITLE: ASST SECRETARY ADDRESS: 3100 AMS Boulevard CITY/ST/ZIP/CO: Green Bay, WI 54313	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Robert W Oberrender TITLE: TREASURER ADDRESS: 9900 Bren Road East CITY/ST/ZIP/CO: Minnetonka, MN 55343	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Larry D Jones TITLE: ASST TREASURER ADDRESS: 7440 Woodland Drive CITY/ST/ZIP/CO: Indianapolis, IN 46278	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Thomas S McGlinch TITLE: ASST TREASURER ADDRESS: 9900 Bren Road East CITY/ST/ZIP/CO: Minnetonka, MN 55343	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Paul T Runice TITLE: ASST TREASURER ADDRESS: 9900 Bren Road East CITY/ST/ZIP/CO: Minnetonka, MN 55343	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Cheryl AThomson SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Cheryl AThomson, PRINTED NAME AND CORPORATE TITLE	5/16/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		