

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.

<p>NAME: PATRICK F CARR TITLE: PRESIDENT ADDRESS: 7440 WOODLAND DRIVE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46278</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES M GABRIEL TITLE: VICE PRESIDENT ADDRESS: 3100 AMS BOULEVARD CITY/ST/ZIP/CO: GREEN BAY, WI 54313</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRIAN L DAVIS TITLE: VICE PRESIDENT ADDRESS: 7440 WOODLAND DRIVE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46278</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LARRY D JONES TITLE: ASST TREASURER ADDRESS: 7440 WOODLAND DRIVE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46278</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS S MCGLINCH TITLE: ASST TREASURER ADDRESS: 9900 BREN ROAD EAST CITY/ST/ZIP/CO: MINNETONKA, MN 55343</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT W OBERRENDER TITLE: TREASURER ADDRESS: 9900 BREN ROAD EAST CITY/ST/ZIP/CO: MINNETONKA, MN 55343</p>	<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
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 checked="" type="checkbox"/> DIRECTOR
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: MICHAEL L CORNE TITLE: DIRECTOR ADDRESS: 7440 WOODLAND DRIVE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46278	<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 type="checkbox"/> OFFICER	<input checked="" 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 A THOMSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHERYL A THOMSON, ASST SECRETARY 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.		