

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 08 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001922 (0)
 1. Corporation Name
ASCENSUS INSURANCE SERVICES, INC.



Principal Place of Business 560 E. 2ND S., #340 SALT LAKE CITY UT 84102	Mailing Address 560 E. 2ND S., #340 SALT LAKE CITY UT 84102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 31-1315874	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CLARK, JUNE
2016 S. ORANGE AVE.
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	REYNOLDS, LEONARD L	
STREET ADDRESS	560 E. 2ND S., #340	
CITY-ST-ZIP	SALT LAKE CITY UT 84102	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, WARREN J	
STREET ADDRESS	560 E. 2ND S., #340	
CITY-ST-ZIP	SALT LAKE CITY UT 84102	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TIERNEY, MARIANNE	
STREET ADDRESS	560 E. 2ND S., #340	
CITY-ST-ZIP	SALT LAKE CITY UT 84102	
TITLE	T	<input type="checkbox"/> DELETE
NAME	REYNOLDS, TREV L	
STREET ADDRESS	560 E. 2ND S., #340	
CITY-ST-ZIP	SALT LAKE CITY UT 84102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGORY, SUSAN	
STREET ADDRESS	CNA PLAZA, 34TH FLOOR	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARROWSMITH, JAMES	
STREET ADDRESS	2282 GAMBEL OAK DR.	
CITY-ST-ZIP	SANDY UT 84092	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **TREV L. REYNOLDS** 6/30/98 801-532-6660

CR2E034 (5/98)