

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 26, 1999 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-26-1999 90054 020 ****150.00

DOCUMENT # F97000001922

1. Corporation Name
ASCENSUS INSURANCE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 04/14/1997

4. FEI Number: 31-1315874 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
CLARK, JUNE
2016 S. ORANGE AVE.
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 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 _____
(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, TREY 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	2262 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, with all other like empowered.

SIGNATURE: Warren J. Christensen REQUIRED WARREN J. CHRISTENSEN 1/6/99 801-532-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)