5/2

FILED
Jul 10, 2002 8:00 am
Secretary of State
05-22-2002 90240 029 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001922

1. Entity Name
ASCENSUS INSURANCE SERVICES, INC

DO NOT WRITE IN THIS SPACE

38407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
280 South 400 West		3435 Stelzer Rd	
Suite, Apt. #, etc. Suite # 100		Suite, Apt. #, etc. Suite 1000	
City & State Salt Lake City UT		City & State Columbus, Ohio	
Zip 84101	Country USA	Zip 43219	Country USA

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City Tallahassee FL Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature], Asst Sec Corporation Service Company 6/20/02
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] John P. Gilliam 5/1/02 (614) 428-8306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ASCENSUS INSURANCE SERVICES, INC.

Corporate Officers & Directors

Position	Name	Business Address
Chairman/Director/CEO	Lynn J. Mangum	90 Park Avenue 10th FL, New York, NY 10016
SVP/CFO/Teasurer	Andrew C. Corbin	90 Park Avenue 10th FL, New York, NY 10016
EVP/COO/Director	Dennis Sheehan	90 Park Avenue 10th FL, New York, NY 10016
EVP/Secretary	Kevin J. Dell	90 Park Avenue 10th FL, New York, NY 10016
Executive Vice President	Mark J. Rybarczyk	11 Greenway Plaza, Houston, TX 77046
Senior Vice President	John P. Gilliam	3435 Stelzer Rd., Suite 1000, Columbus, OH 43219
President	Leonard L. Reynolds	280 South 400 West ,Ste 100 Salt Lake City, UT 84101

updated 3/28/02

[redacted]

384407

#FQ7000001932