

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F97000001922

SIGNATURÉ

ASCENSUS INSURANCE SERVICES, INC.



FILED

May 02, 2006 8:00 am Secretary of State

05-02-2006 90185 006 ***150.00

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Principal Place of Business Mailing Address AUDIOUI-280 SOUTH 400 WEST 3435 STELZER RD # 100 **SUITE 1000** COLUMBUS, OH 43219 SALT LAKE CITY, UT 84101 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 CR2E034 (11/05) Cha-P Applied For 4. FEI Number City & State City & State 31-1315874 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change ☐ Addition TITLE ☐ Delete HOWARD, JOHN M NAME NAME 105 EISEN HOWER PARKURY 90 PARK AVE, 10TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10016 RUSE/AMO, NJ 07068 Addition Change THUE CEO ☐ Delete TITLE FRADIN, RUSELL P NAME NAME STREET ADDRESS 90 PARK AVE 10TH FL 105 EISENHOWER PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10016 ROSEIAND NJ 07068 Change ☐ Addition CFOT Delete TITLE TITLE FORD, JAMES L NAME NAME STREET ADDRESS 100 SUMMERS ST STE 1401 STREET ADDRESS BOSTON, MA 02110 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition SVP Delete TITLE GILLIAM, JOHN P NAME NAME STREET ADDRESS 3435 SHELTER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS, OH 43219 Change Addition ☐ Delete TITLE TITLE KYNDAIJ POHS POTTS, KYNBALL J NAME NAME STREET ADDRESS 3485 STELZER RD STREET ADDRESS COLUMBUS, OH 43219 CITY-ST-ZIP CITY-ST-7IP 'TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 repeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ATTACHMENT

ASCENSUS INSURANCE SERVICES, INC. Corporate Officers & Directors

Russell P. Fradin
EVP/CFO/Treasurer/DirectdBruce D. Dalziel
acant
acant
haron Murphy
ory Douglas
ohn M. Howard
Kyndall J. Potts

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