

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90102 041 ***158.75

DOCUMENT # F97000002519
 1. Entity Name
ASURION INSURANCE SERVICES, INC.

Principal Place of Business P O BOX 110656 NASHVILLE TN 37222-656 US	Mailing Address P O BOX 110656 NASHVILLE TN 37222-656 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 62-1463468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name **National Registered Agents, Inc.**
 Street Address (P.O. Box Number is Not Acceptable) **526 E. Park Avenue**
 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.
Statement of Change of REgistered Agent filed on 11/26/01. Please see attachment.
 SIGNATURE _____ (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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLE, SCOTT J 4103 BAILWOOD DR NASHVILLE TN 37215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNTER, DEBORAH K 8111 DOZIER PLACE BRENTWOOD TN 37207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRODEL, ERIC 205 BRITAIN CRT BRENTWOOD TN 37207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBD TAWEEL, KEVIN M 10 MEADOW LANE ATHERTON CA 94027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARPER, LINDA T 748 BERKSHIRE DR OLD HICKORY TN 37138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEENAN, MICHAEL W 505 LANDON DRIVE NASHVILLE TN 37220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Please see attached list of officers and directors.

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda T. Harper **SIGNATURE REQUIRED** Linda T. Harper **01/07/2002** **615-837-3000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment Doc # F-970000025-19
Asurion Insurance Services, Inc.
7/1960

OFFICERS

CEO/Asst. S

Bret E. Comolli

**1700 South El Camino Real, Suite 502
San Mateo, CA 94402-3051**

P

Scott J. Cole

5040 Linbar Drive

Nashville, TN 37211-8202

CFO/T/S

Gerald Alan Risk

**1700 South El Camino Real, Suite 502
San Mateo, CA 94402-3051**

D (Director Of Human Resources & Facilities)

Linda T. Harper

5040 Linbar Drive

Nashville, TN 37211-8202

D (Director of Account Management)

Michael W. Sheehan

5040 Linbar Drive

Nashville, TN 37211-8202

BOARD OF DIRECTORS

Co-CBD (Co-Chairman, Board of Directors)

Kevin M. Taweel,

**1700 South El Camino Real, Suite 502
San Mateo, CA 94402-3051**

Co-CBD (Co-Chairman of Board of Directors)

Russell James Ellis

**1700 South El Camino Real, Suite 502
San Mateo, CA 94402-3051**

Attachment

Doc. # F97000002519

7/1960



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 29, 2001

CALIFORNIA LENDERS' & ATTORNEYS' SERVICES
1425 RIVER PARK DRIVE - STE 110
SACRAMENTO, CA 95815-4508

Re: Document Number F97000002519

The Statement of Change of Registered Agent for ASURION INSURANCE SERVICES, INC., a Tennessee corporation, was filed on November 26, 2001.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Irene Albritton
Document Specialist
Division of Corporations

Letter Number: 501A00063425

Attachment.

Doc # K97000002519

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NOTE:

ANY CHANGES REFLECTED IN THE CORPORATE DATA BASE AFTER NOVEMBER 16, 2001 ARE PART OF THE OFFICIAL RECORD OF THE DIVISION OF CORPORATIONS. THESE CHANGES, HOWEVER, WILL NOT BE SHOWN ON THE PREPRINTED UNIFORM BUSINESS REPORT FOR THE YEAR 2002...