## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F97000002519

Entity Name: ASURION INSURANCE SERVICES, INC.

FILED Sep 25, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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648 GRASSMERE PARK, SUITE 300 NASHVILLE, TN 372113658 US

**Current Mailing Address: New Mailing Address:** 

ATTN LEGAL DEPT 648 GRASSMERE PARK SUITE 300 NASHVILLE, TN 372113658 US

FEI Number: 62-1463468 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DR., SUITE 4 WESTON, FL 33311

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

REAGAN, WILLARD J Name: Name: GUNNING, MARK S 648 GRASSMERE PARK, SUITE 300 648 GRASSMERE PARK, SUITE 300 Address: Address:

NASHVILLE, TB 37211 City-St-Zip: City-St-Zip: NASHVILLE, TB 37211

Title: VP T Title: CEOD () Delete (X) Change ( ) Addition

Name: COMOLLI, BRET E Name: REAGAN, WILLARD J

648 GRASSMERE PARK, SUITE 300 648 GRASSMERE PARK, SUITE 300 Address: Address: NASHVILLE, TN 372113658 NASHVILLE, TN 372113658 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change ( ) Addition Title: CD CEOD TAWEEL, KEVIN M TAWEEL, KEVIN M Name: Name:

160 BOVET ROAD, SUITE 402 160 BOVET ROAD, SUITE 402 Address: Address:

City-St-Zip: SAN MATEO, CA 944023114 City-St-Zip: SAN MATEO, CA 944023114

Title: () Delete Title: VP D (X) Change ( ) Addition RISK, GERALD A RISK, GERALD A Name: Name:

Address: 648 GRASSMERE PARK SUITE 300 Address: 648 GRASSMERE PARK SUITE 300

City-St-Zip: NASHVILLE, TN 37211 City-St-Zip: NASHVILLE, TN 37211

Title: Title: (X) Change ( ) Addition () Delete

LAUE, CHARLES A LAUE, CHARLES A Name: Name: 8880 WARD PKWY Address: 8880 WARD PKWY Address: City-St-Zip: KANSAS CITY, MO 64114 City-St-Zip: KANSAS CITY, MO 64114

Title: () Delete Title: () Change () Addition

TOPOREK, LISA E Name: Name: 648 GRASSMERE PARK, SUITE 300 Address: Address: City-St-Zip: City-St-Zip: NASHVILLE, TN 37211

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A LAUE Ρ 09/25/2009