

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002519

FILED
Jan 05, 2011
Secretary of State

Entity Name: ASURION INSURANCE SERVICES, INC.

Current Principal Place of Business:

648 GRASSMERE PARK, SUITE 300
NASHVILLE, TN 372113658 US

New Principal Place of Business:

Current Mailing Address:

8880 WARD PARKWAY
KANSAS CITY, MO 64114 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CFO
Name: GUNNING, MARK S
Address: 648 GRASSMERE PARK, SUITE 300
City-St-Zip: NASHVILLE, TN 37211

Title: VP T
Name: REAGAN, WILLARD J
Address: 648 GRASSMERE PARK, SUITE 300
City-St-Zip: NASHVILLE, TN 372113658

Title: CEOD
Name: TAWHEEL, KEVIN M
Address: 160 BOVET ROAD, SUITE 402
City-St-Zip: SAN MATEO, CA 944023114

Title: VP D
Name: RISK, GERALD A
Address: 648 GRASSMERE PARK SUITE 300
City-St-Zip: NASHVILLE, TN 37211

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES A LAUE

PRES

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date