


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90233 023 ***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



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **62-1463468**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COLE, SCOTT J	
STREET ADDRESS	5040 LINBAR DRIVE	
CITY-ST-ZIP	NASHVILLE TN 37211-8202	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, DEBORAH K	
STREET ADDRESS	8111 DOZIER PLACE	
CITY-ST-ZIP	BRENTWOOD TN 37207	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KRODEL, ERIC	
STREET ADDRESS	205 BRITAIN CRT	
CITY-ST-ZIP	BRENTWOOD TN 37207	
TITLE	CBD	<input type="checkbox"/> Delete
NAME	TAWEEL, KEVIN M	
STREET ADDRESS	1700 S EL CAMINO REAL SUITE 502	
CITY-ST-ZIP	SAN MATEO CA 94402-3051	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARPER, LINDA T	
STREET ADDRESS	5040 LINBAR DRIVE	
CITY-ST-ZIP	NASHVILLE TN 37211-8202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEENAN, MICHAEL W	
STREET ADDRESS	5040 LINBAR DRIVE	
CITY-ST-ZIP	NASHVILLE TN 37211-8202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael W. Sheehan	
STREET ADDRESS	5040 Linbar Drive	
CITY-ST-ZIP	Nashville, TN 37211-8202	
TITLE	V / S / T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy K. Mulron	
STREET ADDRESS	5040 Linbar Drive	
CITY-ST-ZIP	Nashville, TN 37211-8202	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bret E. Comolli	
STREET ADDRESS	1700 S. El Camino Real, #502	
CITY-ST-ZIP	San Mateo, CA 94402-3051	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald A. Risk	
STREET ADDRESS	1700 S. El Camino Real, #502	
CITY-ST-ZIP	San Mateo, CA 94402-3051	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. James Ellis	
STREET ADDRESS	1700 S. El Camino Real #502	
CITY-ST-ZIP	San Mateo, CA 94402-3051	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** Tim Mulron 1-6-03 615-837-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)