

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90252 030 \*\*\*150.00

**DOCUMENT # F02000000142**

1. Entity Name  
**INSURITY INC.**



Principal Place of Business  
**1000 ALDERMAN DRIVE  
ALPHARETTA GA 30005**

Mailing Address  
**1000 ALDERMAN DRIVE  
ALPHARETTA GA 30005**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2100419**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD SMITH, DEREK V 1000 ALDERMAN DRIVE ALPHARETTA GA 30005</b> <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	<b>P <del>ROGGO, DAN H</del> <del>1000 ALDERMAN DRIVE</del> <del>ALPHARETTA GA 30005</del></b> <input checked="" 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	<b>COO CURLING, DOUGLAS C 1000 ALDERMAN DRIVE ALPHARETTA GA 30005</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/ COO/D DOUGLAS C. CURLING 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BRIERLEY, THOMAS 1000 ALDERMAN DRIVE ALPHARETTA GA 30005</b> <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	<b>V GLAZER, JEFFREY J 1000 ALDERMAN DRIVE ALPHARETTA GA 30005</b> <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	<b>S DE JAMES, J. MICHAEL 1000 ALDERMAN DRIVE ALPHARETTA GA 30005</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03**

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

F02000000142

INSURITY INC.  
1000 ALDERMAN DRIVE  
ALPHARETTA, GA 30005

OFFICERS

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS
CHAIRMAN AND CEO	DEREK V. SMITH	15120 NORTH VALLEYFIELD ROAD, ALPHARETTA, GA 30004
PRESIDENT AND COO	DOUGLAS C. CURLING	11200 BOWEN ROAD ROSWELL, GA 30075
VICE PRESIDENT	THOMAS BRIERLEY	2 WOODLEIGH PLACE, SIMSBURY, CT 06089
VICE PRESIDENT	JEFFREY J. GLAZER	38 ORCHARD RD., HARTFORD, CT 06117
GENERAL COUNSEL & SECRETARY	J. MICHAEL DE JANES	4588 HOLSTEIN HILL, NORCROSS, GA 30092
CHIEF FINANCIAL OFFICER	STEVEN SURBAUGH	2514 WOODWARD WAY ATLANTA, GA 30305
TREASURER	DAVID E. TRINE	4326 CEDAR WOOD DR., LILBURN, GA 30047
ASST. SECRETARY	MARY M. YOUNG	1290 OLD WOODBINE ROAD, ATLANTA, GA 30319

DIRECTORS

NAME	RESIDENTIAL ADDRESS
DEREK V. SMITH	15120 NORTH VALLEYFIELD ROAD, ALPHARETTA, GA 30004
DOUGLAS C. CURLING	11200 BOWEN ROAD ROSWELL, GA 30075
J. MICHAEL DE JANES	4588 HOLSTEIN HILL, NORCROSS, GA 30092