

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000003276

1. Entity Name
SILVERSCRIPT INSURANCE COMPANY



06 JUN 23 PM 1:18

SECRET
TALLAHASSEE, FLORIDA

200076522562



06132006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2833904

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE, FL 32303

DO NOT WRITE
IN THIS SPACE

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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CHRISTIAN LUTHIN, JAMES
STREET ADDRESS	2211 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	VC
NAME	SCARDINA, RICHARD P
STREET ADDRESS	2211 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	D
NAME	CEULE SOMMER, DENISE
STREET ADDRESS	211 COMMERCE STREET, SUITE 800
CITY-ST-ZIP	NASHVILLE, TN 37201
TITLE	P
NAME	RYAN ROOKER, TODD
STREET ADDRESS	9501 EASE SHEA BLVD.
CITY-ST-ZIP	SCOTTSDALE, AZ 85255
TITLE	V
NAME	JAMES JANUZEK, BRIAN
STREET ADDRESS	9501 EASE SHEA BLVD.
CITY-ST-ZIP	SCOTTSDALE, AZ 85255
TITLE	ST
NAME	DOMINIQUE KRAUSE, CHARLES
STREET ADDRESS	2211 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Denise Sommer

Denise Sommer

6-13-06

615-743-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 196990 7416132

AUTHORIZATION :

COST LIMIT : \$ 550.00

ORDER DATE : June 21, 2006

ORDER TIME : 7:12 PM

ORDER NO. : 196990-040

CUSTOMER NO: 7416132

ANNUAL REPORT FILING

NAME: SILVERSCRIPT INSURANCE COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#2914

EXAMINER'S INITIALS: _____

RECEIVED
06 JUN 23 AM 8:57
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA