

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003276

FILED
Jan 04, 2007
Secretary of State

Entity Name: SILVERSCRIPT INSURANCE COMPANY

Current Principal Place of Business:

211 COMMERCE STREET, SUITE 800
NASHVILLE, TN 37201

New Principal Place of Business:

Current Mailing Address:

211 COMMERCE STREET, SUITE 800
NASHVILLE, TN 37201

New Mailing Address:

FEI Number: 20-2833904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE, FL 32303 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CHRISTIAN LUTHIN, JAMES
Address: 2211 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: VC () Delete
Name: SCARDINA, RICHARD P
Address: 2211 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: D () Delete
Name: CEULE SOMMER, DENISE
Address: 211 COMMERCE STREET, SUITE 800
City-St-Zip: NASHVILLE, TN 37201

Title: P () Delete
Name: RYAN ROOKER, TODD
Address: 9501 EASE SHEA BLVD.
City-St-Zip: SCOTTSDALE, AZ 85255

Title: V () Delete
Name: JAMES JANUZZIK, BRIAN
Address: 9501 EASE SHEA BLVD.
City-St-Zip: SCOTTSDALE, AZ 85255

Title: ST () Delete
Name: DOMINIQUE KRAUSE, CHARLES
Address: 2211 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: WEEKS, MARK S
Address: 211 COMMERCE STREET
City-St-Zip: NASHVILLE, TN 37201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DENISE SOMMER

D

01/04/2007

Electronic Signature of Signing Officer or Director

Date