

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001790

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ASCENSION INSURANCE SERVICES, INC.

## Current Principal Place of Business:

87 E GREEN ST SUITE 206  
PASADEMA, CA 91101

## New Principal Place of Business:

87 E GREEN ST  
SUITE 206  
PASADEMA, CA 91101

## Current Mailing Address:

2345 GRAND BLVD 610  
KANSAS CITY, MO 64108

## New Mailing Address:

FEI Number: 26-1441725      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301 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: CPS ( ) Delete  
Name: KLINE, JR., LEONARD P  
Address: 2345 GRAND BLVD 610  
City-St-Zip: KANSAS CITY, MO 64108

Title: D ( ) Delete  
Name: GRAD, JONATHAN  
Address: 2345 GRAND BLVD 610  
City-St-Zip: KANSAS CITY, MO 64108

Title: D ( ) Delete  
Name: DODSON, ANDREW  
Address: 2345 GRAND BLVD 610  
City-St-Zip: KANSAS CITY, MO 64108

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: KLINE, JR., LEONARD P  
Address: 2345 GRAND BLVD 610  
City-St-Zip: KANSAS CITY, MO 64108

Title: D (X) Change ( ) Addition  
Name: KLINE, JR, LEONARD P  
Address: 2345 GRAND BLVD 610  
City-St-Zip: KANSAS CITY, MO 64108

Title: EVP (X) Change ( ) Addition  
Name: HARRIS, P. STEPHEN  
Address: 2345 GRAND BLVD 610  
City-St-Zip: KANSAS CITY, MO 64108

Title: CFO ( ) Change (X) Addition  
Name: STOLLE, CALVIN  
Address: 2345 GRAND BLVD, STE 610  
City-St-Zip: KANSAS CITY, MO 64108

I hereby certify that the information supplied with this filing does not qualify 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: P. STEPHEN HARRIS

EVP

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date