

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002519

FILED
Feb 18, 2008
Secretary of State

Entity Name: ASURION INSURANCE SERVICES, INC.

Current Principal Place of Business:

648 GRASSMERE PARK, SUITE 300
NASHVILLE, TN 372113658 US

New Principal Place of Business:

Current Mailing Address:

ATTN LEGAL DEPT
648 GRASSMERE PARK SUITE 300
NASHVILLE, TN 372113658 US

New Mailing Address:

FEI Number: 62-1463468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CMOD () Delete
Name: SMITH, BYRON W
Address: 648 GRASSMERE PARK, SUITE 300
City-St-Zip: NASHVILLE, TN 37211

Title: CEO () Delete
Name: COMOLLI, BRET E
Address: 648 GRASSMERE PARK, SUITE 300
City-St-Zip: NASHVILLE, TN 372113658

Title: CD () Delete
Name: TAWHEEL, KEVIN M
Address: 160 BOVET ROAD, SUITE 402
City-St-Zip: SAN MATEO, CA 944023114

Title: T () Delete
Name: RISK, GERALD A
Address: 648 GRASSMERE PARK SUITE 300
City-St-Zip: NASHVILLE, TN 37211

Title: P () Delete
Name: LAUE, CHARLES A
Address: 8880 WARD PKWY
City-St-Zip: KANSAS CITY, MO 64114

Title: S () Delete
Name: GIESLER, ASHLEY N
Address: 160 BOVIT RD SUITE 402
City-St-Zip: SAN MATEO, CA 94402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: CHARLES A LAUE

P

02/18/2008

Electronic Signature of Signing Officer or Director

_____ Date