

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90206 016 ****50.00

DOCUMENT # M97000000731

1. Entity Name
ALLIANCE UNDERWRITERS, LLC

Principal Place of Business 6955 UNION PARK CENTER, SUITE 350 MIDVALE UT 84047	Mailing Address 6955 UNION PARK CENTER, SUITE 350 MIDVALE UT 84047
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960923



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **87-0567754**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, G. VINCENT
 120 INTERNATIONAL PARKWAY, SUITE 176
 LAKE MARY FL 32795**

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGR	CLEVENGER, ERNEST A III	155 FRANKLIN ROAD, SUITE 250	NASHVILLE TN 37205				
MGR	DEYHLE, KENNETH C	6955 UNION PARK CENTER, SUITE 350	MIDVALE UT 84047				
MGR	JENNINGS, LYNN	120 INTERNATIONAL PARKWAY, SUITE 176	LAKE MARY FL 32795				

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* 4/29/02 800-272-1380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE