



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 126297		2. Name of Corporation Asurion Insurance Services, Inc.	
3. Street Address Principal Business Office 648 Grassmere Park, Suite 300		City NASHVILLE	State TN
4. Business Phone No. 6158373000		5. State of Incorporation TENNESSEE	
6. SIC Code 5702		7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE AGENCY	

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michael W. Sheehan			Vice President Name Willard J. Reagan		
Street Address 648 Grassmere Park, Suite 300			Street Address 648 Grassmere Park, Suite 300		
City Nashville	State TN	Zip 37211-3658	City Nashville	State TN	Zip 37211-3658
Secretary Name Ashley N. Giesler			Treasurer Name Gerald A. Risk		
Street Address 160 Bovet Road, Suite 402			Street Address 160 Bovet Road, Suite 402		
City San Mateo	State CA	Zip 94402-3114	City San Mateo	State CA	Zip 94402-3114

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Kevin M. Taweel			Director Name R. James Ellis		
Street Address 160 Bovet Road, Suite 402			Street Address 160 Bovet Road, Suite 402		
City San Mateo	State CA	Zip 94402-3114	City San Mateo	State CA	Zip 94402-3114
Director Name Michael W. Sheehan			Director Name Willard J. Reagan		
Street Address 648 Grassmere Park, Suite 300			Street Address 648 Grassmere Park, Suite 300		
City Nashville	State TN	Zip 37211-3658	City Nashville	State TN	Zip 37211-3658

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 COMM NO PAR VALUE			725.67	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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126297 FBC 02/18/05 08:56:28 AM

FILED

File Date FEB 23 2005 45738

Check No. 45738

By MB

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Bret Comolli 2/19/05
Signature of Officer Date

Bret Comolli
Print or Type Name of Officer

CEO, Asst. Secretary
Title of Officer

Corporate ID No.
126297

ASURION INSURANCE SERVICES, INC.

648 Grassmere Park, Suite 300
Nashville, TN 37211-3658
Phone (615) 837-3000 Fax (615) 837-3001

Title	Name	Street	City, State, ZIP
DIRECTORS			
Director	Kevin Michael Taweel	160 Bovet Road, Suite 402	San Mateo, CA 94402-3114
Director	Russell James Ellis	160 Bovet Road, Suite 402	San Mateo, CA 94402-3114
Director	Michael W. Sheehan	648 Grassmere Park, Suite 300	Nashville, TN 37211-3658
Director	Byron W. Smith	648 Grassmere Park, Suite 300	Nashville, TN 37211-3658
OFFICERS			
Chief Exec. Officer & Asst. Sec'y	Bret Erryl Comolli	648 Grassmere Park, Suite 300	Nashville, TN 37211-3658
Chairman	Kevin Michael Taweel	160 Bovet Road, Suite 402	San Mateo, CA 94402-3114
Chief Mktg. Officer	Byron William Smith	648 Grassmere Park, Suite 300	Nashville, TN 37211-3658
President	Michael William Sheehan	648 Grassmere Park, Suite 300	Nashville, TN 37211-3658
Secretary	Ashley Newsom Giesler	160 Bovet Road, Suite 402	San Mateo, CA 94402-3114
VP Finance	Willard J. Reagan	648 Grassmere Park, Suite 300	Nashville, TN 37211-3658
Chief Financial Officer & Treasurer	Gerald Alan Risk	160 Bovet Road, Suite 402	San Mateo, CA 94402-3114



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 126297		2. Name of Corporation Asurion Insurance Services, Inc.			
3. Street Address Principal Business Office 5040 Linbar Drive			City Nashville	State TN	Zip 37211
4. Business Phone No 615-837-3000		5. State of Incorporation TENNESSEE			6. SIC Code 6411
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mike Sheehan			Vice President Name n/a		
Street Address 5217 Linbar Drive suite 309			Street Address n/a		
City Nashville	State TN	Zip 37211	City n/a	State n/a	Zip n/a
Secretary Name Ashley Giesler			Treasurer Name Gerald Risk		
Street Address 1160 Bovet Road suite 402			Street Address 1160 Bovet Road suite 402		
City San Mateo	State CA	Zip 94402	City San Mateo	State CA	Zip 94402
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin Taweel			Director Name n/a		
Street Address 1160 Bovet Road Suite 402			Street Address n/a		
City San Mateo	State CA	Zip 94402	City n/a	State n/a	Zip n/a
Director Name R. James Ellis			Director Name n/a		
Street Address 1160 BOVET ROAD Suite 402			Street Address n/a		
City San Mateo	State CA	Zip 94402	City n/a	State n/a	Zip n/a
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000	COMM NO PAR VALUE		725.67	Common	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 6 2 9 7 *

File Date 1-26-04
Check No. 25727
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 1/21/04
Print or Type Name of Officer Gerald Risk
Title of Officer Treasurer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK

1 Corporate ID No **126297**
2 Name of Corporation **Asurion Insurance Services, Inc.**
3 Street Address Principal Business Office
5040 Linbar Drive
4 Business Phone No **(615) 837-3000**
5 State of Incorporation **TENNESSEE**

City **Nashville** State **TN** Zip **37211-8202**
6 SIC Code **5702**

7 Brief Description of the Character of Business Conducted in Rhode Island

Risk management, insurance agency

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Michael W. Sheehan**
Street Address **5040 Linbar Drive**
City **Nashville** State **TN** Zip **37211**
Secretary Name **Timothy K. Mulron**
Street Address **5040 Linbar Drive**
City **Nashville** State **TN** Zip **37211**

Vice President Name **Timothy K. Mulron**
Street Address **5040 Linbar Drive**
City **Nashville** State **TN** Zip **37211**
Treasurer Name **Timothy K. Mulron**
Street Address **5040 Linbar Drive**
City **Nashville** State **TN** Zip **37211**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Kevin M. Taweel**
Street Address **1700 S. El Camino Real #502**
City **San Mateo** State **CA** Zip **94402**
Director Name **none**
Street Address
City State Zip

Director Name **R. James Ellis**
Street Address **1700 S. El Camino Real #502**
City **San Mateo** State **CA** Zip **94402**
Director Name **none**
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	100,000	COMM NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	725.67	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 6 2 9 7 *

File Date: 1-24-03
Check No.: 17897
By: UP

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1-6-03
Signature of Officer Date
Tim Mulron
Print or Type Name of Officer

VP-Finance, Secretary, Treasurer
Title of Officer