

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Assurion Corp. Employees Federal Political  
Action Committee

ADDRESS (number and street) 648 Grassmere Park

(Check if address is changed) Suite 300

Nashville TN 37211

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

j.davie@assurion.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

COMMITTEE'S FAX NUMBER

615-445-3348

2. DATE 05 13 2008

3. FEC IDENTIFICATION NUMBER

C 00450916

4. IS THIS STATEMENT NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mike Ains

Signature of Treasurer

Date 07 15 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 12/2007)

**Candidate Committee:**

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

District

\_\_\_\_\_

(d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

**In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)**

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

## LEEC ID number: G

Write or Type Committee Name

## 6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

Asurion Corporation

Mailing Address

648 Grassmere Park  
Suite 300  
Nashville TN 37211

CITY

STATE

ZIP CODE

Relationship:



Connected Organization

☐ Affiliated Committee☐ Leadership PAC Sponsor☐ Joint Fundraising Representative

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Mike Ain

Mailing Address Asurion Corporation

648 Grassmere Park  
Nashville TN 37211

CITY

STATE

ZIP CODE

Title or Position

Treasurer Telephone number

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Mike Ain

Mailing Address Asurion Corporation

648 Grassmere Park  
Nashville TN 37211

CITY

STATE

ZIP CODE

Title or Position

Treasurer Telephone number

Full Name of  
Designated  
Agent

J e n n i f e r D a v i e

Mailing Address

6 4 8 G r a s s m e r e P a r k

S u i t e 3 0 0

N a s h v i l l e

CITY

T N

STATE

3 7 2 1 1

ZIP CODE

Title or Position

D e p u t y T r e a s u r e r

Telephone number

6 1 5 - 8 3 7 - 7 2 9 2

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

W a c h o v i a B a n k

Mailing Address

1 8 0 0 K S t r e e t N W

W a s h i n g t o n

CITY

D C

STATE

2 0 0 0 6

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

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Postmarked

☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

☐

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt

☐ Other (Specify):

Date of Receipt or Postmarked

*JD*

PREPARER  
(3/2005)

7/15/08

DATE PREPARED

28039780533