

1.) CORPORATION NAME: <b>Auto Injury Solutions, Inc.</b>	DUE DATE: <b>6/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET</b>	SCC ID NO: <b>F1863218</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND, VA</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 5080 SPECTRUM DRIVE 1200 W TOWER  CITY/ST/ZIP: ADDISON, TX 75001	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MATTHEW K ELGES TITLE: PRESIDENT ADDRESS: 5080 Spectrum Drive 1200 W. Tower Addison, TX 75001 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: JAMES H BLOEM TITLE: TREASURER ADDRESS: 500 W MAIN ST LOUISVILLE, KY 40202 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: James E. Murray TITLE: CEO ADDRESS: 5080 SPECTRUM DRIVE 1200 W TOWER ADDISON, TX 75001 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: JOAN O LENAHAN TITLE: SECRETARY ADDRESS: 500 W MAIN ST LOUISVILLE, KY 40202 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOAN O LENAHAN	JOAN O LENAHAN, SECRETARY	6/21/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.