

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006192

FILED  
Jan 15, 2010  
Secretary of State

**Entity Name:** ASURION FLORIDA WARRANTY SERVICES, INC.

**Current Principal Place of Business:**

648 GRASSMERE PARK, SUITE 300  
NASHVILLE, TN 372113658 US

**New Principal Place of Business:**

**Current Mailing Address:**

8880 WARD PARKWAY  
KANSAS CITY, MO 64114 US

**New Mailing Address:**

**FEI Number:** 20-0473975      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
27321 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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: CEO  
Name: TAWHEEL, KEVIN  
Address: 160 BOVET ROAD, SUITE 402  
City-St-Zip: SAN MATEO, CA 94402

Title: CFO  
Name: GUNNING, MARK S  
Address: 648 GRASSMERE PARK, SUITE 300  
City-St-Zip: NASHVILLE, TN 37211

Title: PD  
Name: LAUE, CHARLES A  
Address: 8880 WARD PARKWAY  
City-St-Zip: KANSAS CITY, MO 64114

Title: S  
Name: TOPOREK, LISA E  
Address: 648 GRASSMERE PARK, STE 300  
City-St-Zip: NASHVILLE, TN 37211

Title: VPD  
Name: RISK, GERALD  
Address: 548 GRASSMERE PARK, SUITE 300  
City-St-Zip: NASHVILLE, TN 372113658

Title: VPT  
Name: REAGAN, WILLARD  
Address: 648 GRASSMERE PARK, SUITE 300  
City-St-Zip: NASHVILLE, TN 37211

I hereby 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 all other like empowered.

SIGNATURE: CHARLES A LAUE

PD

01/15/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date