2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000248

Entity Name: ASURION ROADSIDE ASSISTANCE SERVICES, LLC

Apr 22, 2011 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

140 CYPRESS STATION DR. SUITE 300 HOUSTON, TX 770901632

Current Mailing Address: New Mailing Address:

ATTN: LICENSING ATTN: LICENSING 8880 WARD PARKWAY

8880 WARD PARKWAY, 5TH FLOOR KANSAS CITY, MO 64114 KANSAS CITY, MO 64114

FEI Number: 76-0211807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NRAI SERVICES, INC 515 E. PARK AVENUE

TALLAHASSEE, FL 32301 US

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

MANAGING MEMBERS/MANAGERS:

Name: RISK, GERALD A

Address: 648 GRASSMERE PARK DRIVE, STE 300

City-St-Zip: NASHVILLE, TN 37211

Title: MGR

Name: TAWEEL, KEVIN M Address: 160 BOVET ROAD, STE 402 City-St-Zip: SAN MATEO, CA 94402

Title: MGR

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

Title: CEO

Name: GUNNING, MARK S

648 GRASSMERE PARK, SUITE, 300 Address:

City-St-Zip: NASHVILLE, TN 37211

Title: TREA

REAGAN, WILLARD J Name:

648 GRASSMERE PARK, SUITE, 300 Address:

NASHVILLE, TN 37211 City-St-Zip:

Title:

PURYEAR, GUSTAVUS A IV Name: Address: 648 GRASSMERE PARK, SUITE, 300

NASHVILLE, TN 37211 City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: CHARLES A. LAUE **MGR** 04/22/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date