

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000358

Entity Name: ASURION SERVICES, LLC

Current Principal Place of Business:

22894 PACIFIC BLVD
STERLING, VA 20166

Current Mailing Address:

8880 WARD PARKWAY
5TH FLOOR
KANSAS CITY, MO 64114

FEI Number: 52-1356309

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title CHAIRMAN, MANAGER
Name TAWHEEL, KEVIN
Address 160 BOVET RD
STE 402
City-State-Zip: SAN MATEO CA 94402

Title TREASURER, VICE PRESIDENT OF FINANCE
Name REAGAN, WILLARD
Address 648 GRASSMERE PARK
STE 100
City-State-Zip: NASHVILLE TN 37211

Title MANAGER, VP, CFO
Name GUNNING, MARK
Address 648 GRASSMERE PARK
STE 100
City-State-Zip: NASHVILLE TN 37211

Title SECRETARY, VP, GENERAL
Name PURYEAR, GUSTAVUS IV
Address 648 GRASSMERE PARK
STE 100
City-State-Zip: NASHVILLE TN 37211

Title VP, ASST. SECRETARY
Name TOPOREK, LISA
Address 648 GRASSMERE PARK
STE. 100
City-State-Zip: NASHVILLE TN 37211

Title VP, ASST. TREASURER
Name ALEXANDER, ELIZABETH
Address 648 GRASSMERE PARK
STE. 100
City-State-Zip: NASHVILLE TN 37211

Title ASST. TREASURER
Name SLOAN, JASON
Address 648 GRASSMERE PARK
STE. 100
City-State-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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN M. TAWHEEL

MANAGER

01/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date