

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000004668

Entity Name: FIELD ASSET SERVICES, LLC**Current Principal Place of Business:**101 WEST LOUIS HENNA BLVD., SUITE 400
AUSTIN, TX 78728**Current Mailing Address:**101 WEST LOUIS HENNA BLVD., SUITE 400
AUSTIN, TX 78728**FEI Number:** 45-3250626**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MANAGER
Name	FROBOSE, JOHN AUGUST
Address	260 INTERSTATE NORTH CIRCLE SE
City-State-Zip:	ATLANTA GA 30339

Title	MEMBER
Name	AMERICAN BANKERS INSURANCE GROUP, INC.
Address	11222 QUAIL ROOST DRIVE
City-State-Zip:	MIAMI FL 33157

Title	MANAGER
Name	CAMPBELL, MICHAEL
Address	2677 N MAIN STREET, SUITE 600
City-State-Zip:	SANTA ANA CA 92705
Title	MEMBER
Name	ASSURANT SERVICES, LLC
Address	260 INTERSTATE NORTH CIRCLE SE
City-State-Zip:	ATLANTA GA 30339

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: JEANNIE AMY ARAGON-CRUZ**SECRETARY****04/26/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date