

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000004146

**FILED**  
**Apr 17, 2013**  
**Secretary of State**  
**CC8230847301**

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

**Current Principal Place of Business:**

300 SOUTH WACKER DRIVE, STE 1350  
CHICAGO, IL 60606

**Current Mailing Address:**

8880 WARD PARKWAY  
5TH FLOOR  
KANSAS CITY, MO 64114

**FEI Number:** 04-3707394

**Certificate of Status Desired:** No

**Name and Address of Current 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

**Officer/Director Detail :**

Title D, CHAIRMAN  
Name TAWHEEL, KEVIN M  
Address 160 BOVET ROAD, SUITE 402  
City-State-Zip: SAN MATEO CA 94410-3114

Title CFO, DIRECTOR  
Name GUNNING, MARK S  
Address 648 GRASSMERE PARK, SUITE 100  
City-State-Zip: NASHVILLE TN 37211-3658

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

Title S  
Name PURYEAR IV, GUSTAVUS A  
Address 648 GRASSMERE PARK, SUITE 100  
City-State-Zip: NASHVILLE TN 37211

Title CEO, DIRECTOR  
Name ELLIS, STEVE  
Address 160 BOVET ROAD, SUITE 402  
City-State-Zip: SAN MATEO CA 94402

Title VP T  
Name REAGAN, WILLARD J  
Address 648 GRASSMERE PARK, SUITE 100  
City-State-Zip: NASHVILLE TN 37211

Title ASST. TREASURER  
Name MARTIN, JASON  
Address 8880 WARD PARKWAY  
5TH FLOOR  
City-State-Zip: KANSAS CITY MO 64114

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

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*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:** STEVE ELLIS

**DIRECTOR**

**04/17/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name MACHALINSKI, RICHARD  
Address 300 SOUTH WACKER DRIVE  
STE 1350  
City-State-Zip: CHICAGO IL 60606

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

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

Title ASST. TREASURER  
Name KASPRZAK, RYAN  
Address 300 SOUTH WACKER DRIVE, STE  
1350  
City-State-Zip: CHICAGO IL 60606