

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000004146

**FILED**  
**Mar 29, 2024**  
**Secretary of State**  
**3461896297CC**

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

**Current Principal Place of Business:**

300 SOUTH WACKER DRIVE, STE 1350  
CHICAGO, IL 60606

**Current Mailing Address:**

140 11TH AVE N  
ATTN: LICENSING DEPT.  
NASHVILLE, TN 37203 US

**FEI Number:** 04-3707394

**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

**Officer/Director Detail :**

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

Title TREASURER  
Name RATINO, MICHAEL  
Address 140 11TH AVE N  
ATTN: LICENSING DEPT.  
City-State-Zip: NASHVILLE TN 37203

Title SENIOR VICE PRESIDENT, GENERAL  
COUNSEL, AND SECRETARY  
Name PURYEAR IV, GUSTAVUS A  
Address 140 11TH AVE N  
ATTN: LICENSING DEPT.  
City-State-Zip: NASHVILLE TN 37203

Title SENIOR VICE PRESIDENT AND CFO,  
DIRECTOR  
Name MAGYERA, ANDREA  
Address 140 11TH AVE N  
ATTN: LICENSING DEPT.  
City-State-Zip: NASHVILLE TN 37203

Title ASST. SECRETARY  
Name GAUL, KRISTEN  
Address 140 11TH AVE N  
ATTN: LICENSING DEPT.  
City-State-Zip: NASHVILLE TN 37203

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

Title VP  
Name GIALLEONARDO, SIMRUN  
Address 140 11TH AVE N  
ATTN: LICENSING DEPT.  
City-State-Zip: NASHVILLE TN 37203

Title ASSISTANT TREASURER  
Name EBERSBERGER, HEATHER  
Address 140 11TH AVE N  
ATTN: LICENSING DEPT.  
City-State-Zip: NASHVILLE TN 37203

**Continues on page 2**

*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:** TIMOTHY STADTHAUS

**DIRECTOR**

**03/29/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            STOREY, JOHN  
Address         140 11TH AVE N  
                  ATTN: LICENSING DEPT.  
City-State-Zip: NASHVILLE TN 37203

Title            CEO, DIRECTOR  
Name            STADTHAUS, TIMOTHY  
Address         140 11TH AVE N  
                  ATTN: LICENSING DEPT.  
City-State-Zip: NASHVILLE TN 37203

Title            SENIOR VICE PRESIDENT AND ASSISTANT  
                  TREASURER  
Name            SANSOM, MICHAEL  
Address         140 11TH AVE N  
                  ATTN: LICENSING DEPT.  
City-State-Zip: NASHVILLE TN 37203