

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000533

Entity Name: ASSURANT, INC.**Current Principal Place of Business:**28 LIBERTY STREET
41ST FLOOR
NEW YORK, NY 10005**Current Mailing Address:**28 LIBERTY STREET
41ST FLOOR
NEW YORK, NY 10005 US**FEI Number:** 39-1126612**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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name COLBERG, ALAN B.
Address 28 LIBERTY STREET
 41ST FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name KOCH, CHARLES JOHN
Address 28 LIBERTY STREET
 41ST FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name PERRY, DEBRA J
Address 28 LIBERTY STREET
 41ST FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name EDELMAN, HARRIET
Address 28 LIBERTY STREET
 41ST FLOOR
City-State-Zip: NEW YORK NY 10005

Title CHIEF LEGAL OFFICER, SECRETARY,
 EXECUTIVE VICE PRESIDENT
Name ROBERTS, CAREY S
Address 28 LIBERTY STREET
 41ST FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name KELSO, DAVID B
Address 28 LIBERTY STREET
 41ST FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name DOUGLAS, ELYSE
Address 28 LIBERTY STREET
 41ST FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name CARVER, HOWARD L
Address 28 LIBERTY STREET
 41ST FLOOR
City-State-Zip: NEW YORK NY 10005

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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: CAREY S ROBERTS**SECRETARY****01/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MONTUPET, JEAN-PAUL L
Address 28 LIBERTY STREET
41ST FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name JACKSON, LAWRENCE V
Address 28 LIBERTY STREET
41ST FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name STEIN, ROBERT W
Address 28 LIBERTY STREET
41ST FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name CENTO, JUAN N
Address 28 LIBERTY STREET
41ST FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name REILLY, PAUL J
Address 28 LIBERTY STREET
41ST FLOOR
City-State-Zip: NEW YORK NY 10005