

**2017 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F08000000943

**FILED  
Jul 06, 2017  
Secretary of State  
CC0570387496**

**Entity Name:** ASURION SERVICE PLANS OF FLORIDA, INC.

**Current Principal Place of Business:**

300 SOUTH WACKER DRIVE  
SUITE 1350  
CHICAGO, IL 60606

**Current Mailing Address:**

11460 TOMAHAWK CREEK PKWY  
STE 300  
LEAWOOD, KS 66211 US

**FEI Number:** 26-1911630

**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  
Address 160 BOVET RD  
STE 402  
City-State-Zip: SAN MATEO CA 94402

Title PRES  
Name LAUE, CHARLES A  
Address 11460 TOMAHAWK CREEK PKWY  
STE. 300  
City-State-Zip: LEAWOOD KS 66211

Title SR. VICE PRESIDENT OF FINANCE  
AND TREASURER  
Name REAGAN, WILLARD J  
Address 648 GRASSMERE PARK, SUITE 100  
City-State-Zip: NASHVILLE TN 37211

Title SR. VICE PRESIDENT, GENERAL  
COUNSEL, AND SECRETARY  
Name PURYEAR, GUSTAVUS A IV  
Address 648 GRASSMERE PARK, SUITE 100  
City-State-Zip: NASHVILLE TN 37211

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

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

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

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

**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:** CHARLES A LAUE

**PRESIDENT**

**07/06/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name MARTIN, JASON  
Address 11460 TOMAHAWK CREEK PKWY  
STE. 300  
City-State-Zip: LEAWOOD KS 66211

Title DIRECTOR  
Name DETTER, ROGER  
Address 160 BOVET RD  
STE 402  
City-State-Zip: SAN MATEO CA 94402

Title SENIOR VICE PRESIDENT, CFO, AND DIRECTOR  
Name STOREY, JOHN  
Address 648 GRASSMERE PARK  
STE 100  
City-State-Zip: NASHVILLE TN 37211