

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000943

Entity Name: ASURION SERVICE PLANS OF FLORIDA, INC.

FILED
Feb 04, 2016
Secretary of State
CC8872096270

Current Principal Place of Business:

300 SOUTH WACKER DRIVE
SUITE 1350
CHICAGO, IL 60606

Current Mailing Address:

8880 WARD PARKWAY
5TH FLOOR
KANSAS CITY, MO 64114

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 DIRECTOR, CHAIMAN
Name TAWEEL, KEVIN
Address 160 BOVET RD
STE 402
City-State-Zip: SAN MATEO CA 94402

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

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

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

Title DIRECTOR, CFO
Name GUNNING, MARK
Address 648 GRASSMERE PARK
STE 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

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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: CHARLES A. LAUE

PRESIDENT

02/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASST. TREASURER
Name ALEXANDER, ELIZABETH
Address 648 GRASSMERE PARK
STE 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