2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000943

Entity Name: ASURION SERVICE PLANS OF FLORIDA, INC.

FILED
Jan 16, 2014
Secretary of State
CC4653156088

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:

Address

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR, CHAIMAN Title PRES

NameTAWEEL, KEVINNameLAUE, CHARLES AAddress160 BOVET RDAddress8880 WARD PARKWAY

STE 402

City-State-Zip: SAN MATEO CA 94402

Title TREASURER Title SECRETARY

Name PURYEAR, GUSTAVUS AIV

Address 648 GRASSMERE PARK, SUITE 100

Address 648 GRASSMERE PARK, SUITE 100

City-State-Zip: NASHVILLE TN 37211

Title ASST. TREASURER

Title ASST. TREASURER

Name SLOAN, JASON Name TOPOREK, LISA

Address 648 GRASSMERE PARK, SUITE 100

Address 648 GRASSMERE PARK, SUITE 100

City-State-Zip: NASHVILLE TN 37211

Title DIRECTOR, CFO Name ELLIS, STEPHEN

Name GUNNING, MARK Address 160 BOVET RD

648 GRASSMERE PARK STE 402

STE 100 City-State-Zip: SAN MATEO CA 94402 City-State-Zip: NASHVILLE TN 37211

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City-State-Zip:

KANSAS CITY MO 64114

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 01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleASST. SECRETARYTitleASST. TREASURERNameMACHALINSKI, RICHARDNameKASPRZAK, RYAN

Address 300 SOUTH WACKER DRIVE Address 300 SOUTH WACKER DRIVE

SUITE 1350 SUITE 1350

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

TitleASST. TREASURERTitleASST. TREASURERNameALEXANDER, ELIZABETHNameMARTIN, JASON

Address 648 GRASSMERE PARK Address 8880 WARD PARKWAY

STE 100 5TH FLOOR

City-State-Zip: NASHVILLE TN 37211 City-State-Zip: KANSAS CITY MO 64114