

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002519

Entity Name: ASURION INSURANCE SERVICES, INC.**Current Principal Place of Business:**648 GRASSMERE PARK, SUITE 100
NASHVILLE, TN 37211-3658**Current Mailing Address:**11460 TOMAHAWK CREEK PKWY
STE 300
LEAWOOD, KS 66211 US**FEI Number:** 62-1463468**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** CFO, DIRECTOR, SR VICE
PRESIDENT**Name** GUNNING, MARK S**Address** 648 GRASSMERE PARK
STE 100**City-State-Zip:** NASHVILLE TN 37211**Title** SR. VICE PRESIDENT OF FINANCE,
TREASURER**Name** REAGAN, WILLARD J**Address** 648 GRASSMERE PARK
STE 100**City-State-Zip:** NASHVILLE TN 37211-3658**Title** CHAIRMAN, DIRECTOR**Name** TAWHEEL, KEVIN M**Address** 160 BOVET ROAD, SUITE 402**City-State-Zip:** SAN MATEO CA 94402-3114**Title** EXECUTIVE VICE PRESIDENT**Name** LAUE, CHARLES A**Address** 11460 TOMAHAWK CREEK PKWY
STE. 300**City-State-Zip:** LEAWOOD KS 66211**Title** SR VICE PRESIDENT, GENERAL
COUNSEL, AND SECRETARY**Name** PURYEAR IV, GUSTAVUS A**Address** 648 GRASSMERE PARK
STE 100**City-State-Zip:** NASHVILLE TN 37211**Title** PRESIDENT**Name** CHRISTY-LANGENFELD, CYNTHIA**Address** 500 SOMERSET CORPORATE BLVD
STE 101**City-State-Zip:** BRIDGEWATER NJ 08807**Title** ASST. SECRETARY, VP**Name** TOPOREK, LISA**Address** 648 GRASSMERE PARK
STE 100**City-State-Zip:** NASHVILLE TN 37211**Title** 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**EXECUTIVE VICE
PRESIDENT****02/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASST. TREASURER
Name KNOCH, JOHN
Address 648 GRASSMERE PARK
STE 100
City-State-Zip: NASHVILLE TN 37211

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

Title ASST. TREASURER
Name KERSEY, JOHN
Address 648 GRASSMERE PARK
STE 100
City-State-Zip: NASHVILLE TN 37211