## 2014 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:** 

8880 WARD PARKWAY 5TH FLOOR KANSAS CITY. MO 64114 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Mar 31, 2014

**Secretary of State** 

CC9930513827

Officer/Director Detail:

Title CFO, DIRECTOR, SR VICE Title VICE PRESIDENT OF FINANCE,

PRESIDENT TREASURER

Name GUNNING, MARK S Name REAGAN, WILLARD J

Address 648 GRASSMERE PARK Address 648 GRASSMERE PARK

STE 100 STE 100

NASHVILLE TN 37211 City-State-Zip: NASHVILLE TN 37211-3658

Title CHAIRMAN, DIRECTOR Title EXECUTIVE VICE PRESIDENT

NameTAWEEL, KEVIN MNameLAUE, CHARLES AAddress160 BOVET ROAD, SUITE 402Address8880 WARD PKWY

5TH FLOOR

City-State-Zip: SAN MATEO CA 94402-3114

City-State-Zip: KANSAS CITY MO 64114

Title SR VICE PRESIDENT, GENERAL COUNSEL, AND SECRETARY Title PRESIDENT

Name PURYEAR IV, GUSTAVUS A Name CHRISTY-LANGENFELD, CYNTHIA

Address 648 GRASSMERE PARK Address 500 SOMERSET CORPORATE BLVD

STE 100 STE 101

City-State-Zip: NASHVILLE TN 37211 City-State-Zip: BRIDGEWATER NJ 08807

Title CEO, DIRECTOR Title ASST. SECRETARY, VP

Name ELLIS, STEVE Name TOPOREK, LISA

Address 160 BOVET RD Address 648 GRASSMERE PARK

STE 402 STE 100

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

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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 EXECUTIVE VICE 03/31/2014
PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

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

Title ASST. TREASURER
Name KERSEY, JOHN

Address 648 GRASSMERE PARK

STE 100

City-State-Zip: NASHVILLE TN 37211

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