

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37142

FILED
Jan 15, 2015
Secretary of State
CC3604138988

Entity Name: ASURION CONSUMER SOLUTIONS OF FLORIDA, INC.

Current Principal Place of Business:

300 SOUTH WACKER DR.
STE. 1350
CHICAGO, IL 60606

Current Mailing Address:

8880 WARD PARKWAY
5TH FLOOR
KANSAS CITY, MO 64114 US

FEI Number: 54-1627746

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, CHARIMAN
Name	TAWHEEL, KEVIN
Address	160 BOVET ROAD STE 402
City-State-Zip:	SAN MATEO CA 94402
Title	VICE PRESIDENT OF FINANCE & TREASURER
Name	REAGAN, WILLARD
Address	648 GRASSMERE PARK STE 100
City-State-Zip:	NASHVILLE TN 37211
Title	VICE PRESIDENT & ASSISTANT SECRETARY
Name	TOPOREK, LISA
Address	648 GRASSMERE PARK, STE. 100
City-State-Zip:	NASHVILLE TN 37211
Title	VICE PRESIDENT & ASST. TREASURER
Name	ALEXANDER, ELIZABETH
Address	648 GRASSMERE PARK, STE. 100
City-State-Zip:	NASHVILLE TN 37211

Title	DIRECTOR, CFO AND SENIOR VICE PRESIDENT
Name	GUNNING, MARK
Address	648 GRASSMERE PARK, STE. 100
City-State-Zip:	NASHVILLE TN 37211
Title	SR. VICE PRESIDENT, GENERAL COUNSEL, & SECRETARY
Name	PURYEAR, GUSTAVUS IV
Address	648 GRASSMERE PARK STE 100
City-State-Zip:	NASHVILLE TN 37211
Title	ASST. TREASURER
Name	MACHALINSKI, RICHARD
Address	300 SOUTH WACKER DR. STE. 1350
City-State-Zip:	CHICAGO IL 60606
Title	ASST. TREASURER
Name	SLOAN, JASON
Address	648 GRASSMERE PARK, STE. 100
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: KEVIN TAWHEEL

DIRECTOR

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASST. TREASURER
Name MARTIN, JASON
Address 8880 WARD PARKWAY
5TH FLOOR
City-State-Zip: KANSAS CITY MO 64114