

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P37142

**FILED**  
**Mar 08, 2018**  
**Secretary of State**  
**CC2403519224**

**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:**

11460 TOMAHAWK CREEK PKWY  
5TH FLOOR STE 300  
LEAWOOD, KS 66211 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 CHAIRMAN AND CHIEF EXECUTIVE OFFICER  
Name TAWEEL, KEVIN  
Address 160 BOVET ROAD STE 402  
City-State-Zip: SAN MATEO CA 94402

Title SR. VICE PRESIDENT OF FINANCE & TREASURER  
Name REAGAN, WILLARD  
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 VICE PRESIDENT & ASSISTANT SECRETARY  
Name TOPOREK, LISA  
Address 648 GRASSMERE PARK, STE. 100  
City-State-Zip: NASHVILLE TN 37211

Title ASSISTANT SECRETARY  
Name MACHALINSKI, RICHARD  
Address 300 SOUTH WACKER DR. STE. 1350  
City-State-Zip: CHICAGO IL 60606

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

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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**

**03/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            LAUE, CHARLES  
Address        11460 TOMAHAWK CREEK PKWY  
                  STE 300  
City-State-Zip: LEAWOOD KS 66211

Title            DIRECTOR  
Name            DETTER, ROGER  
Address        160 BOVET RD  
                  STE 402  
City-State-Zip: SAN MATEO CA 94402

Title            SENIOR VICE PRESIDENT, CFO, AND  
                  DIRECTOR  
Name            STOREY, JOHN  
Address        648 GRASSMERE PARK  
                  STE 100  
City-State-Zip: NASHVILLE TN 37211