

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 408069

**Entity Name:** ASSURANT PAYMENT SERVICES, INC.**Current Principal Place of Business:**11222 QUAIL ROOST DR  
MIAMI, FL 33157**Current Mailing Address:**11222 QUAIL ROOST DR  
MIAMI, FL 33157**FEI Number: 59-1414202****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            TREASURER  
Name            CHUNG, ANDREW PAUL  
Address        11222 QUAIL ROOST DR  
City-State-Zip: MIAMI FL 33157

Title            CEO, DIRECTOR, PRESIDENT  
Name            REIGELMAN RANKIN, CARRIE  
Address        11222 QUAIL ROOST DR  
City-State-Zip: MIAMI FL 33157

Title            DIRECTOR, VP  
Name            LOPEZ-MORALES, IVAN C  
Address        260 INTERSTATE NORTH CIRCLE SE  
City-State-Zip: ATLANTA GA 30339

Title            SECRETARY  
Name            ARAGON-CRUZ, JEANNIE AMY  
Address        11222 QUAIL ROOST DR  
City-State-Zip: MIAMI FL 33157

Title            DIRECTOR, VP  
Name            UNTERREINER, JEFFREY  
Address        260 INTERSTATE NORTH CIRCLE SE  
City-State-Zip: ATLANTA GA 30339

Title            DIRECTOR, VP  
Name            HIX, JULIA MERCEDES  
Address        11222 QUAIL ROOST DR  
City-State-Zip: MIAMI FL 33157

Title            DIRECTOR, SENIOR VICE PRESIDENT  
Name            BECERRA, MANUEL JOSE  
Address        11222 QUAIL ROOST DR  
City-State-Zip: MIAMI FL 33157

*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: JEANNIE AMY ARAGON-CRUZ****SECRETARY****01/27/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date