

1.) CORPORATION NAME:

DUE DATE: **7/31/2014**

Asurion Warranty Services, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1596305**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 648 GRASSMERE PARK STE 100

CITY/ST/ZIP: NASHVILLE, TN 37211

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: MARK S GUNNING TITLE: VICE PRESIDENT ADDRESS: 648 GRASSMERE PARK STE 100 CITY/ST/ZIP/CO: NASHVILLE, TN 37211</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHARLES A LAUE TITLE: PRESIDENT ADDRESS: 8880 WARD PKWY CITY/ST/ZIP/CO: KANSAS CITY, MO 64114</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JASON SLOAN TITLE: ASST TREASURER ADDRESS: 648 GRASSMERE PARK STE 100 CITY/ST/ZIP/CO: NASHVILLE, TN 37211</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEVE ELLIS TITLE: CEO ADDRESS: 160 BOVET RD STE 402 CITY/ST/ZIP/CO: SAN MATEO, CA 94402</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KEVIN MICHAEL Taweel TITLE: CHAIRMAN ADDRESS: 160 BOVET RD STE 402 CITY/ST/ZIP/CO: SAN MATEO, CA 94402-3114</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GUSTAVUS A PURYEAR IV TITLE: SECRETARY ADDRESS: 648 GRASSMERE PARK STE 100 CITY/ST/ZIP/CO: NASHVILLE, TN 37211</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA TOPOREK ASST SECRETARY 648 GRASSMERE PARK STE 100 NASHVILLE, TN 37211	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Willard J. Reagan TREASURER 648 Grassmere Park, Ste. 100 Nashville, TN 37211	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Machalinski ASST SECRETARY 300 South Wacker Dr. Ste. 1350 Chicago, IL 60606	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Elizabeth Alexander ASST TREASURER 648 Grassmere Park, Ste. 100 Nashville, TN 37211	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ryan Kasprzak ASST TREASURER 300 South Wacker Dr. Ste. 1350 Chicago, IL 60606	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jason K Martin ASST TREASURER 8880 Ward Parkway Kansas City, MO 64114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CHARLES A LAUE	CHARLES A LAUE, PRESIDENT	6/12/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.