

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215516481
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1.) CORPORATION NAME: <b>Asurion Consumer Solutions, Inc.</b>	DUE DATE: <b>5/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1789397</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 SOUTH WACKER DRIVE  
SUITE 1350

CITY/ST/ZIP: CHICAGO, IL 60606

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.

NAME: CHARLES LAUE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: PRESIDENT			
ADDRESS: 8880 WARD PARKWAY			
CITY/ST/ZIP/CO: KANSAS CITY, MO 64114			

NAME: MARK GUNNING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: VP AND CFO			
ADDRESS: 648 GRASSMERE			
CITY/ST/ZIP/CO: STE 100 NASHVILLE, TN 37211			

NAME: ELIZABETH ALEXANDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: ASST TREASURER			
ADDRESS: 648 GRASSMERE PARK, STE. 1350			
CITY/ST/ZIP/CO: NASHVILLE, TN 37211			

NAME: RYAN KASPRZAK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: ASST TREASURER			
ADDRESS: 300 SOUTH WACKER DR. STE. 1350			
CITY/ST/ZIP/CO: CHICAGO, IL 60606			

NAME: KEVIN TAWHEEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: CHAIRMAN			
ADDRESS: 160 BOVET ROAD			
CITY/ST/ZIP/CO: STE 402 SAN MATEO, CA 94402			

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 LAUE	CHARLES LAUE, PRESIDENT	4/28/2015
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.