



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2011

1. ID No. 000326120

2. Exact Name of the Limited Liability Company Asurion Protection Services, LLC

3. State of Formation

State: KS

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Insurance Agency

5. Principal Office Address

No. and Street: 8880 WARD PARKWAY
5TH FLOOR

City or Town: KANSAS CITY State: MO Zip: 64114 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DAN CULROSS Contact Title: SR. LICENSING COORDINATOR

No. and Street: 8880 WARD PARKWAY
5TH FLOOR

City or Town: KANSAS CITY State: MO Zip: 64114 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| MANAGER | CHARLES A LAUE | 8880 WARD PARKWAY KANSAS CITY, MO 64114 USA |
| MANAGER | KEVIN M TAWHEEL | 160 BOVET RD SAN MATEO, CA 94402 USA |
| MANAGER | GERALD A RISK | 160 BOVET RD SAN MATEO, CA 94402 USA |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

Signed this 4 Day of August, 2011 at 8:26:27 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CHARLES A. LAUE
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

