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

Fee: $50.00

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

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000503352

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

3. State of Formation

State: KS

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NIACS Code 6 52

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

SERVICE CONTRACT PROVIDER

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: NIKKI BROWN 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

0-4412-0

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MARK GUNNING	648 GRASSMERE PARK, STE 100

		NASHVILLE, TN 37211 USA
MANAGER	KEVIN M TAWEEL	160 BOVET RD, STE 402 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. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of September, 2016 at 6:24:06 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 KEVIN M TAWEEL
Signature of Authorized Person

Form No. 632
Revised 09/07

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