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State of Rhode Island
Office of the Secretary of State

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

Fee: $50.00

Foreign Business Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 000023534

2. Name of Corporation Assurant Dealer Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 175 W JACKSON BLVD
8TH FL

City or Town: CHICAGO State: IL Zip: 60604 Country: USA

4. Business Phone No.

3052532244

5. State of Incorporation

State: IL

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

541611

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ENGAGE IN A GENERAL INSURANCE AGENCY BUSINESS AND A GENERAL INSURANCE
BROKERAGE BUSINESS AND TO PURCHASE, LEASE AND OTHERWISE ACQUIRE,HOLD
MORTGAGE AND CONVEY, AND OTHERWISE DISPOSE OF ALL KINDS OF PROPERTY, REAL

OR PERSONAL, BOTH IN THIS STATE AND OTHER STATES; TO PURCHASE,INCORPORATE
AND OTHERWISE ACQUIRE THE CAPITAL STOCK OF OTHER CORPORATIONS;TO PURCHASE
THE BUSINESS, GOOD WILL AND OTHER PROPERTY OF ANY INDIVIDUAL, FIRM OR CORPORATION AS A GOING CONCERN, AND TO ASSUME ITS DEBTS AND LIABILITIES, TO
CONSTRUCT, EQUIP AND MAINTAIN BUILDINGS; TO CAUSE TO BE FORMED, TO PROMOTE,
AND TO AID IN THE FORMATION OF ANY CORPORATION OR ASSOCIATION, DOMESTIC OR
FOREIGN; AND TO CAUSE OR PARTICIPATE IN THE MERGER,CONSOLIDATION, REORGANIZATION, LIQUIDATION OR DISSOLUTION OF ANY CORPORATION OR ASSOCIATION, DOMESTIC OR FOREIGN, IN WHICH, OR IN THE BUSINESS OR WELFARE
OF WHICH, THE CORPORATION SHALL HAVE A DIRECT OR INDIRECT INTEREST; TO
OPERATE, MANAGE, SUPERVISE, AND CONTROL ALL OR ANY PART OF THE BUSINESS AND
PROPERTY OF ANY CORPORATION, ASSOCIATION, FIRM OR INDIVIDUAL OR UNDERTAKING, DOMESTIC OR FOREIGN, OR TO TAKE PART THEREIN; TO EXERCISE ALL
THOSE POWERS, INTEREST OR RIGHT THEREIN NECESSARY OR INCIDENTAL TO CARRYING
ON THE BUSINESS AFORESAID OR IN CONNECTION THEREWITH.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	**Individual Name** First, Middle, Last, Suffix	**Address** Address, City or Town, State, Zip Code, Country
PRESIDENT	JEFFREY STRICKLAND	175 W JACKSON BLVD 8TH FL CHICAGO, IL 60604 USA
TREASURER	KYLE LAWLOR	850 RIDGE LAKE BLVD MEMPHIS, TN 38120 USA
SECRETARY	JEANNIE AMY ARAGON-CRUZ	11222 QUAIL ROOST DRIVE MIAMI, FL 33157 USA
DIRECTOR	JEFFREY STRICKLAND	175 W JACKSON BLVD 8TH FL CHICAGO, IL 60604 USA
DIRECTOR	ASHLEY SCOTT BAUER	175 W JACKSON BLVD 8TH FL CHICAGO, IL 60604 USA
DIRECTOR	KYLE LAWLOR	850 RIDGE LAKE BLVD MEMPHIS, TN 38120 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$1.0000	10,000.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 1 Day of May, 2023 at 10:49:31 AM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JEANNIE AMY ARAGON-CRUZ
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07