

State of Idaho

Office of the Secretary of State

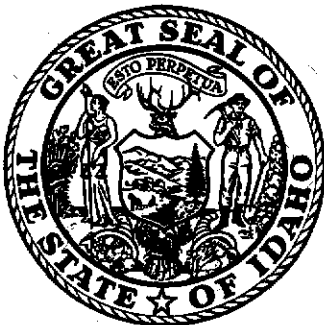
**CERTIFICATE OF AUTHORITY
OF
ASSURANT PAYMENT SERVICES, INC.**

File Number C 193615

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: February 3, 2012



Ben Yursa

SECRETARY OF STATE

By

[Signature]



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

12 FEB -3 AM 10:46

SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:

Assurant Payment Services, Inc.

2. The name which it shall use in Idaho is: _____

3. It is incorporated under the laws of: Florida

4. Its date of incorporation is: 09/05/1972

5. The address of its principal office is:

11222 Quail Roost Dr, Miami, FL 33157

6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: 12550 W. Explorer Drive, Suite 100, Boise, ID 83713

and its registered agent in Idaho at that address is: Corporation Service Company

8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
See attached		

Dated: 1/27/2012

Signature: *Jeannie Aragon-Cruz*

Typed Name: Jeannie Aragon-Cruz

Capacity: Secretary

[The signer must be a director or an officer of the corporation.]

Customer Acct #:

(If using pre-paid account)

Secretary of State use only

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forms\app\for cert authority_profit.pmf
Revised 10/2006

IDAHO SECRETARY OF STATE
02/03/2012 05:00
CK: 588573611 CT: 66741 BH: 1389897
1 @ 100.00 = 100.00 AUTH PRO # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

C193615

ASSURANT PAYMENT SERVICES, INC.

LIST OF EXECUTIVE OFFICERS AND DIRECTORS - Address

Name	Title	Business Address
OFFICERS		
Joseph Erdeman	CEO	260 Interstate North Circle, SE, Atlanta GA 30339
Carrie R. Rankin	President	9931 Corporate Campus Dr, Suite 3500, Louisville, KY 40223
Jeannie Aragon-Cruz	Secretary	11222 Quail Roost Drive, Miami, FL 33157
Chad G. Bullard	Treasurer & CFO	260 Interstate North Circle, SE, Atlanta GA 30339
DIRECTORS		
Joseph Erdeman	Director	260 Interstate North Circle, SE, Atlanta GA 30339
Carrie R. Rankin	Director	9931 Corporate Campus Dr, Suite 3500, Louisville, KY 40223
Chad G. Bullard	Director	260 Interstate North Circle, SE, Atlanta GA 30339
Ivan C. Lopez	Director	260 Interstate North Circle, SE, Atlanta GA 30339
Manuel J. Becerra	Director	11222 Quail Roost Drive, Miami, FL 33157

State of Florida

Department of State

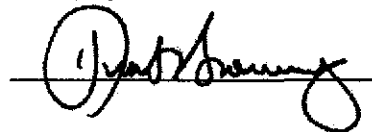
I certify from the records of this office that ASSURANT PAYMENT SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on September 5, 1972.

The document number of this corporation is 408069.

I further certify that said corporation has paid all fees due this office through December 31, 2011, that its most recent annual report was filed on November 9, 2011, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Thirtieth day of November, 2011*



Secretary of State



Authentication ID: 700214742947-113011-408069

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>