No. <b>C 193615</b>		Due no later than Feb 29, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ASSURANT PAYMENT SERVICES, INC. 11222 QUAIL ROOST DR MIAMI FL 33157-6543		2. Registered /	Registered Agent and Address (NO PO BOX)  CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713  3. New Registered Agent Signature:*			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				No. 10770000000000000000000000000000000000				
				3. <u>New</u> Registe				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	ANDREW PA	UL CHUNG	11222 QUAIL ROOST DR	MIAMI	FL	USA	33157-6543	
PRESIDENT	CARRIE REI	GELMAN RANKIN	11222 QUAIL ROOST DR	MIAMI	FL	USA	33157-6543	
SECRETARY	JEANNIE AMY ARAGON-CRUZ		11222 QUAIL ROOST DR	MIAMI	FL	USA	33157-6543	
DIRECTOR	ECTOR IVAN C LOPEZ-MORALES		11222 QUAIL ROOST DR	MIAMI	FL	USA	33157-6543	
DIRECTOR	MANUEL JOS	SE BECERRA	11222 QUAIL ROOST DR	MIAMI	FL	USA	33157-6543	
DIRECTOR	RUSSELL GA	ARY KIRSCH	11222 QUAIL ROOST DR	MIAMI	FL	USA	33157-6543	
DIRECTOR JOSEPH EDWARD ERDEMAN		11222 QUAIL ROOST DR	MIAMI	FL	USA	33157-6543		
DIRECTOR	CARRIE REI	GELMAN RANKIN	11222 QUAIL ROOST DR	MIAMI	FL	USA	33157-6543	
5. Organized Under the Laws of:		6. Annual Report mus						
FL C 193615		Signature: Jeannie Amy Aragon-Cruz			Date: 01/27/2016			
		Name (type or prin		Title: Secretary				
Processed 01/27/2016		* Electronically provide	ed signatures are accepted as origina	Il signatures.				