No. C 193615		Due no later than Feb 28, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CORPORATI	CORPORATION SERVICE COMPANY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ASSURANT PAYMENT SERVICES, INC. 11222 QUAIL ROOST DR MIAMI FL 33157-6543 USA		BOISE 83	12550 W EXPLORER DR STE 100 BOISE 83713 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		OSA		51 <u></u>		J. 141-141		
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	IVAN C LOP	EZ-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	RY KIRSCH	11222 QUAIL ROOST DR	MIAMI	FL	USA	33157-6543	
DIRECTOR	JOSEPH EDV	VARD ERDEMAN	11222 QUAIL ROOST DR	MIAMI	FL	USA	33157-6543	
DIRECTOR	CARRIE REIG	GELMAN RANKIN	11222 QUAIL ROOST DR	MIAMI	FL	USA	33157-6543	
PRESIDENT CARRIE REIGELMAN RANKIN			11222 QUAIL ROOST DR	MIAMI	FL	USA	33157-6543	
SECRETARY JEANNIE AMY ARAGON-CRUZ 11222 QUAIL ROOST DR MIAMI FL USA 33157-6							33157-6543	
5. Organized Under the Laws of:		6. Annual Report mus						
FL C 193615		Signature: JEANNI		Date: 01/23/2015				
		Name (type or prir		Title: SECRETARY				
Processed 01/23/2015 * Electronically provided signatures are accepted as original signatures.								