

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002195

Entity Name: ASSURANT APPRAISALS, LLC**Current Principal Place of Business:**444 E WASHINGTON STREET
INDIANAPOLIS, IN 46204**Current Mailing Address:**444 E WASHINGTON STREET
INDIANAPOLIS, IN 46204 US**FEI Number:** 76-0787617**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER, PRESIDENT
Name	CAMPBELL, MICHAEL	Name	HOPPE, DANIEL J
Address	2677 N MAIN STREET SUITE 600	Address	9151 BOULEVARD 26 SUITE 400
City-State-Zip:	SANTA ANA CA 92705	City-State-Zip:	RICHLAND HILLS TX 76180
Title	SENIOR VICE PRESIDENT		
Name	FLOYD, MICHAEL J		
Address	444 E WASHINGTON STREET		
City-State-Zip:	INDIANAPOLIS IN 46204		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL CAMPBELL

MANAGER

01/30/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date