

2018 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
Name HOPPES, DANIEL J
Address 9151 BOULEVARD 26
SUITE 400
City-State-Zip: RICHLAND HILLS TX 76180

Title MANAGER
Name CAMPBELL, MICHAEL
Address 2677 N. MAIN STREET
SUITE 600
City-State-Zip: SANTA ANA CA 92705

Title AUTHORIZED MEMBER
Name ASSURANT SERVICES, LLC
Address 444 E WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY
Name ARAGON-CRUZ, JEANNIE AMY
Address 11222 QUAIL ROOST DRIVE
City-State-Zip: MIAMI FL 33157

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: JEANNIE AMY ARAGON-CRUZ**SECRETARY****01/02/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date