

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091928

FILED
Apr 21, 2009
Secretary of State

Entity Name: CAREFREE INSURANCE SERVICES, INC.

Current Principal Place of Business:

6705 ROCKLEDGE
DRSUITE 900
BETHESDA, MD 20817 US

New Principal Place of Business:

Current Mailing Address:

6705 ROCKLEDGE
DRSUITE 900
BETHESDA, MD 20817 US

New Mailing Address:

FEI Number: 59-3750548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVP () Delete
Name: BRODMERKEL, THOMAS E
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: SVP () Delete
Name: COVERT, KIMBERLY
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: P () Delete
Name: VANNOTE, ARTHOR J
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: T () Delete
Name: HARDY, GREG
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: S () Delete
Name: MOTGOMERY, GLORIA
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAMPBELL, CATHERINE B
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: SVP (X) Change () Addition
Name: CIANO, CHRISTOPHER A
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: PD (X) Change () Addition
Name: VANNOTE, ARTHOR J
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE B. CAMPBELL

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date