

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000091928

**Entity Name:** CAREFREE INSURANCE SERVICES, INC.

**FILED**  
**Apr 06, 2017**  
**Secretary of State**  
**CC1927439955**

**Current Principal Place of Business:**

6720B ROCKLEDGE DRIVE  
SUITE 800  
BETHESDA, MD 20817

**Current Mailing Address:**

151 FARMINGTON AVENUE  
RW61  
HARTFORD, CT 06156 US

**FEI Number: 59-3750548**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            FAGAN, JAMES E.  
Address        6720B ROCKLEDGE DRIVE  
                 SUITE 800  
City-State-Zip: BETHESDA MD 20817

Title            VP, SECRETARY  
Name            LEE, EDWARD CHUNG-I  
Address        6720B ROCKLEDGE DRIVE  
                 SUITE 800  
City-State-Zip: BETHESDA MD 20817

Title            VP, TREASURER  
Name            MARONEY, JOHN PATRICK  
Address        6720B ROCKLEDGE DRIVE  
                 SUITE 800  
City-State-Zip: BETHESDA MD 20817

Title            DIRECTOR  
Name            CIANO, CHRISTOPHER ARTHUR  
Address        6720B ROCKLEDGE DRIVE  
                 SUITE 800  
City-State-Zip: BETHESDA MD 20817

Title            DIRECTOR  
Name            LUNA, ARMANDO  
Address        6720B ROCKLEDGE DRIVE  
                 SUITE 800  
City-State-Zip: BETHESDA MD 20817

Title            DIRECTOR  
Name            WOOLDRIDGE, TYREE SCOTT  
Address        6720B ROCKLEDGE DRIVE  
                 SUITE 800  
City-State-Zip: BETHESDA MD 20817

*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 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 all other like empowered.*

**SIGNATURE: EDWARD CHUNG-I LEE**

**SECRETARY**

**04/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date