2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091928

Entity Name: CAREFREE INSURANCE SERVICES, INC.

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 Title VICE PRESIDENT AND TREASURER

Name FAGAN, JAMES EDWARD Name MARONEY, JOHN PATRICK

Address 6720B ROCKLEDGE DRIVE, SUITE 800 Address 6720B ROCKLEDGE DRIVE, SUITE 800

City-State-Zip: BETHESDA MD 20817 City-State-Zip: BETHESDA MD 20817

Title VP Title SECRETARY

Name LEE, EDWARD CHUNG-I Name LEE, EDWARD CHUNG-I

Address 6720B ROCKLEDGE DRIVE,SUITE 800 Address 6720B ROCKLEDGE DRIVE,SUITE 800

City-State-Zip: BETHESDA MD 20817 City-State-Zip: BETHESDA MD 20817

Title DIRECTOR Title DIRECTOR

Name CIANO, CHRISTOPHER ARTHUR Name FAGAN, JAMES EDWARD

Address 6720B ROCKLEDGE DRIVE, SUITE 800 Address 6720B ROCKLEDGE DRIVE, SUITE 800

City-State-Zip: BETHESDA MD 20817 City-State-Zip: BETHESDA MD 20817

Title DIRECTOR Title DIRECTOR

Name LUNA, ARMANDO JR. Name WOOLDRIDGE, TYREE SCOTT

Address 6720B ROCKLEDGE DRIVE, SUITE 800 Address 6720B ROCKLEDGE DRIVE, SUITE 800

City-State-Zip: BETHESDA MD 20817 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

Electronic Signature of Signing Officer/Director Detail

SECRETARY

04/02/2018

FILED Apr 02, 2018

Secretary of State

CC1674838446

Date