

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000091928

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

**Current Principal Place of Business:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**Current Mailing Address:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817 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 SENIOR VICE PRESIDENT, DIRECTOR  
Name CIANO, CHRISTOPHER A.  
Address 6705 ROCKLEDGE DRIVE  
SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title VP, TREASURER  
Name COFRANCESCO, ELAINE ROSE  
Address 6705 ROCKLEDGE DRIVE  
SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title VP, SECRETARY  
Name LEE, EDWARD CHUNG-I  
Address 6705 ROCKLEDGE DRIVE  
SUITE 900  
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**

**04/11/2014**

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

\_\_\_\_\_  
Date