

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