

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002351

**Entity Name:** TRIDENT CLAIMS MANAGEMENT, LLC

**Current Principal Place of Business:**

736 COLEMAN BOULEVARD  
SUITE 300  
MOUNT PLEASANT, SC 29464

**Current Mailing Address:**

2550 W TYVOLA ROAD  
SUITE 600  
CHARLOTTE, NC 28217 US

**FEI Number:** 45-1619710

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title MANAGER  
Name DECARLO, M. STEVEN  
Address 736 COLEMAN BOULEVARD  
SUITE 300  
City-State-Zip: MOUNT PLEASANT SC 29464

Title MANAGER  
Name PURVIANCE, SCOTT M.  
Address 736 COLEMAN BOULEVARD  
SUITE 300  
City-State-Zip: MOUNT PLEASANT SC 29464

Title MANAGER  
Name STRUHS, RONALD E.  
Address 736 COLEMAN BOULEVARD  
SUITE 300  
City-State-Zip: MOUNT PLEASANT SC 29464

Title MANAGER  
Name HARGROVE, DONNA L.  
Address 736 COLEMAN BOULEVARD  
SUITE 300  
City-State-Zip: MOUNT PLEASANT SC 29464

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONNA L. HARGROVE

**MANAGER**

**04/07/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date