

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066140

FILED
Mar 10, 2009
Secretary of State

Entity Name: LONG-TERM CARE INSURANCE SERVICES, LLC

Current Principal Place of Business:

3878 N LAKE ORLANDO PARKWAY
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

3878 N LAKE ORLANDO PARKWAY
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 36-4637007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCHRAN, ROBERT L
3878 N LAKE ORLANDO PARKWAY
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COCHRAN, ROBERT L
Address: 3878 N LAKE ORLANDO PARKWAY
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERT L COCHRAN

MGRM

03/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date