2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: GARSPEN LONG-TERM CARE INSURANCE, INC.

Current Principal Place of Business:

550 RUTILE DR.
PONTE VEDRA BCH, FL 32082

New Principal Place of Business:

Current Mailing Address:

226-5 SOLANA RD., SUITE 146
PONTE VEDRA BCH, FL 32082

New Mailing Address:

226-5 SOLANA RD.
SUITE 146
PONTE VEDRA BCH, FL 32082

FEI Number: 26-2987906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, LYNETTE L
550 RUTILE DR.
PONTE VEDRA BCH, FL 32082 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D
Name: BROWN, ROBERT G
Address: 550 RUTILE DR.
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: D
Name: BROWN, LYNETTE L
Address: 550 RUTILE DR.
City-St-Zip: PONTE VEDRA BCH, FL 32082

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: LYNETTE L BROWN D 03/09/2010

Electronic Signature of Signing Officer or Director Date