2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# P98000016731

Entity Name: LONG TERM CARE INSURANCE SERVICE, INC.

Current Principal Place of Business:

2681 SOUTH COURSE DRIVE
#906
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1530 PALISADE AVENUE
#4E
FORT LEE, NJ 07024

New Mailing Address:

FEI Number: 65-0814306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELD, LOIS B
2681 SOUTH COURSE DRIVE
#906
POMPANO BEACH, FL 33069 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: FELD, LOIS B
Address: 2681 SOUTH COURSE DRIVE, #906
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP
Name: COLITZ, ROBERT B
Address: 2681 SOUTH COURSE DRIVE, #906
City-St-Zip: POMPANO BEACH, FL 33069

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: LOIS FELD PRES 02/22/2011

Electronic Signature of Signing Officer or Director Date