

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003419

Entity Name: UNIONCARE, LLC**Current Principal Place of Business:**8403 COLESVILLE RD
SILVER SPRING, MD 20910**Current Mailing Address:**8403 COLESVILLE RD
SILVER SPRING, MD 20910 US**FEI Number:** 52-1782580**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

Authorized Person(s) Detail :

Title MANAGER
Name HALE, BRIAN J.
Address 8403 COLESVILLE RD
City-State-Zip: SILVER SPRING MD 20910

Title MANAGER
Name SMITH, EDWARD M.
Address 8403 COLESVILLE RD
City-State-Zip: SILVER SPRING MD 20910

Title MANAGER
Name BARRA, DAVID
Address 1625 EYE STREET, NW
City-State-Zip: WASHINGTON DC 20006

Title MANAGER
Name WHALEN, STEPHANIE
Address 8403 COLESVILLE RD
City-State-Zip: SILVER SPRING MD 20910

Title MANAGER
Name FRIED, ADAM M.
Address 8403 COLESVILLE RD
City-State-Zip: SILVER SPRING MD 20910

Title MANAGER
Name GASQUE, DAMON
Address 1625 EYE STREET, NW
City-State-Zip: WASHINGTON DC 20006

Title MEMBER
Name THE UNION LABOR LIFE INSURANCE
COMPANY
Address 8403 COLESVILLE RD.
City-State-Zip: SILVER SPRING MD 20910

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: BRIAN J. HALE**MANAGER****04/23/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date