

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000008684

Entity Name: K2 CLAIMS SERVICES LLC**Current Principal Place of Business:**4507 NORTH FRONT STREET
SUITE 200
HARRISBURG, PA 17110**Current Mailing Address:**4507 NORTH FRONT STREET
SUITE 200
HARRISBURG, PA 17110 US**FEI Number:** 46-1014509**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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	MARSHALL, SCOTT B
Address	4507 NORTH FRONT STREET SUITE 200
City-State-Zip:	HARRISBURG PA 17110

Title	CHIEF CLAIMS OFFICER
Name	MARSHALL, SCOTT B
Address	4507 NORTH FRONT STREET SUITE 200
City-State-Zip:	HARRISBURG PA 17110

Title	CHIEF CLAIMS OFFICER
Name	ULSH, SCOTT N.
Address	4507 NORTH FRONT STREET SUITE 200
City-State-Zip:	HARRISBURG PA 17110

Title	CFO
Name	HUNTER, NATHAN D.
Address	4507 NORTH FRONT STREET SUITE 200
City-State-Zip:	HARRISBURG PA 17110

Title	COO
Name	LUBIEN, MATTHEW T.
Address	4507 NORTH FRONT STREET SUITE 200
City-State-Zip:	HARRISBURG PA 17110

Title	MEMBER
Name	KIMMEL, ROBERT J.
Address	4507 NORTH FRONT STREET SUITE 200
City-State-Zip:	HARRISBURG PA 17110

Title	PRESIDENT
Name	KIMMEL, ROBERT J.
Address	4507 NORTH FRONT STREET SUITE 200
City-State-Zip:	HARRISBURG PA 17110

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: KIMMEL, ROBERT J.**MEMBER****03/27/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date