

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000008684

**Entity Name:** VERITAS 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           ALTLAND, MARIANNE  
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:** MARIANNE ALTLAND

**MANAGER**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date