

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003907

Entity Name: CARE PROVIDERS INSURANCE SERVICES, LLC

Current Principal Place of Business:

16301 QUORUM DR. STE 100A
ADDISON, TX 75001

Current Mailing Address:

555 NORTH LANE STE 6060
CONSHOHOCKEN, PA 19428

FEI Number: 83-0348144

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 COO
Name KANEHANN, WILLIAM
Address 16301 QUORUM DR. STE 100A
City-State-Zip: ADDISON TX 75001

Title P
Name MCKERNAN, WILLIAM
Address 16301 QUORUM DR. STE 100A
City-State-Zip: ADDISON TX 75001

Title CFO
Name DIFIORE, FELIX
Address 16301 QUORUM DR. STE 100A
City-State-Zip: ADDISON TX 75001

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: WILLIAM KANEHANN

COO

05/02/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date