

No. <b>C 203806</b>		<b>Due no later than Oct 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> CAREFREE INSURANCE SERVICES, INC. 151 FARMINGTON AVENUE , RW61 HARTFORD CT 06156		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
DIRECTOR	TYREE SCOTT WOOLDRIDGE	6720B ROCKLEDGE DRIVE SUITE 700		BETHESDA	MD	USA	20817
PRESIDENT	JAMES E. FAGAN	6720B ROCKLEDGE DRIVE SUITE 700		BETHESDA	MD	USA	20817
SECRETARY	EDWARD CHUNG-I LEE	6720B ROCKLEDGE DRIVE SUITE 700		BETHESDA	MD	USA	20817
TREASURER	ELAINE ROSE COFRANCESCO	6720B ROCKLEDGE DRIVE SUITE 700		BETHESDA	MD	USA	20817
DIRECTOR	ARMANDO LUNA	6720B ROCKLEDGE DRIVE SUITE 700		BETHESDA	MD	USA	20817
DIRECTOR	JAMES E. FAGAN	6720B ROCKLEDGE DRIVE SUITE 700		BETHESDA	MD	USA	20817
DIRECTOR	CHRISTOPHER ARTHUR CIANO	6720B ROCKLEDGE DRIVE SUITE 700		BETHESDA	MD	USA	20817
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>FL</b>		Signature: Kelly Lettmann				Date: 09/14/2016	
<b>C 203806</b>		Name (type or print): Kelly Lettmann				Title: POA	
Processed 09/14/2016		* Electronically provided signatures are accepted as original signatures.					