



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2008

1. ID No. 000136368

2. Exact Name of the Limited Liability Company Care Financial of Texas, LLC

3. State of Formation

State: TX

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

NON-RESIDENT PRODUCER INSURANCE AGENCY

5. Principal Office Address

No. and Street: 4929 WEST ROYAL LANE, SUITE 200

City or Town: IRVING

State: TX Zip: 75063 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: KAREN L. ROBB Contact Title: MGR CORPORATE LEGAL SERVICES

No. and Street: 4929 WEST ROYAL LANE, SUITE 200

City or Town: IRVING

State: TX Zip: 75063 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|---------|--|--|
| MANAGER | MICHAEL K. OWENS JR | 4929 W ROYAL LANE, SUITE 200 IRVING, TX 75063 USA |
| MANAGER | IAN R. STUART | 4929 W ROYAL LANE, SUITE 200 IRVING, TX 75063 USA |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888-

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 4 Day of September, 2008 at 1:02:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KAREN L. ROBB
Signature of Authorized Person

Form No. 632
Revised 09/07

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