

**State of Rhode Island
Office of the Secretary of State**

Fee: \$230.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040[| LOGOUT |](#)**Professional Corporation
Articles of Incorporation**

(Section 7-1.2 of the General Laws of Rhode Island, 1956, as amended)

[?](#)
Help with this form**ARTICLE I**

The name of the corporation is AccentCare Medical Group of Rhode Island, P.C.

☒ This is a close corporation pursuant to § 7-1.2-1701 of the General Laws, 1956, as amended. (Uncheck if inapplicable.)**ARTICLE II**

The profession to be practiced through the professional service corporation is:

MEDICINE

ARTICLE III

The total number of shares which the corporation has authority to issue is:

(Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)

Delete	Class of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>
<input type="checkbox"/>	CNP	\$1.0000	1,000.00
Select from Below ▼			

Clear

Add

If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions or RIGL 7-1.2. State any provisions here (optional):

FILED
JUL 17 2023 3:49 pm
BY 1073004

ARTICLE IV

The street address (post office boxes are not acceptable) of the initial registered office of the corporation is:

No. and Street: 450 VETERANS MEMORIAL PARKWAY
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

The name of its initial registered agent at such address is CT CORPORATION SYSTEM

ARTICLE V

The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

ARTICLE VI

Additional provisions, if any, not consistent with Chapter 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

ARTICLE VII

The name and address of the each incorporator is:

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	INCORPORATOR	BALAKRISHNAN NATARAJAN MD	17855 N. DALLAS PKWY., #200 DALLAS, TX 75287 USA

Select From Below ▼ : Title:

First Name

Middle Name

Last Name

Suffix:

Address

City

State:

Zip:

Country:

Clear

Add

ARTICLE VIII

These Articles of Incorporation shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing.

Later Effective Date:

📅 (mm/dd/yyyy)

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: SHELLEY MOLGE

Business Name: ACCENTCARE, INC.

No. and Street:

- Same Address as -



City or Town:

State:

Zip:

Country:

Contact Phone:

Contact Email:

Clear

This article of incorporation is accompanied by a certificate showing the corporation has obtained insurance against any liability imposed by law upon the corporation or its employees arising out of the performance of professional services. See RIGL 7-5.1-8 for information regarding the insurance exclusions and limits. Upload certificate now.

[Upload Files](#)

Signed this 18 Day of July, 2023 at 3:08:37 PM by the incorporator(s). *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-5.1 and 7-1.2.* [
](#) [
](#)

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-5.1 and 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission

☒ Accept

☐ Decline

[Click HERE to Submit This Information](#)

Form No. 112
Revised 09/07

© 2007 - 2023 State of Rhode Island
All Rights Reserved





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/12/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh Risk & Insurance Services 17901 Von Karman Avenue, Suite 1100 License No. 0437153 Irvine, CA 92614 Attn: Healthcare AccountsCSS@marsh.com/FAX: 212 948-1307 CN101830257-23-24-2-23-24	CONTACT NAME: _____ PHONE: _____ FAX: _____ (A/C, No, Ext): _____ (A/C, No): _____ E-MAIL: _____ ADDRESS: _____														
INSURED AccentCare, Inc. 17855 North Dallas Parkway Suite 200 Dallas, TX 75287	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Arch Specialty Insurance Company</td><td>21199</td></tr><tr><td>INSURER B : AIU Insurance Co</td><td>19399</td></tr><tr><td>INSURER C : National Union Fire Insurance Co</td><td>19445</td></tr><tr><td>INSURER D : Illinois Union Insurance Company</td><td>27960</td></tr><tr><td>INSURER E : _____</td><td>_____</td></tr><tr><td>INSURER F : _____</td><td>_____</td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Arch Specialty Insurance Company	21199	INSURER B : AIU Insurance Co	19399	INSURER C : National Union Fire Insurance Co	19445	INSURER D : Illinois Union Insurance Company	27960	INSURER E : _____	_____	INSURER F : _____	_____
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Arch Specialty Insurance Company	21199														
INSURER B : AIU Insurance Co	19399														
INSURER C : National Union Fire Insurance Co	19445														
INSURER D : Illinois Union Insurance Company	27960														
INSURER E : _____	_____														
INSURER F : _____	_____														

COVERAGES **CERTIFICATE NUMBER:** LOS-002698514-01 **REVISION NUMBER:** _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		FLP004982311	05/01/2023	05/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		AL1811811 FLP004982311	05/01/2023 05/01/2023	05/01/2024 05/01/2024	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE		FLP004982311 XFLG72521845003	05/01/2023 05/01/2023	05/01/2024 05/01/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N / A	WC013759933 (CA) WC013759934 (AOS) WC013759935 (WI)	05/01/2023 05/01/2023 05/01/2023	05/01/2024 05/01/2024 05/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability <input checked="" type="checkbox"/> Claims Made		FLP004982311	05/01/2023	05/01/2024	Each Medical Incident \$ 1,000,000 Aggregate \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Coverage

CERTIFICATE HOLDER

AccentCare, Inc.
17855 North Dallas Parkway, Suite 200
Dallas, TX 75287

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh Risk & Insurance Services

AGENCY CUSTOMER ID: CN101830257

LOC #: Los Angeles



ADDITIONAL REMARKS SCHEDULE

Page 2 of 8

AGENCY Marsh Risk & Insurance Services		NAMED INSURED AccentCare, Inc 17855 North Dallas Parkway Suite 200 Dallas, TX 75287	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

2023 AccentCare Named Insureds List

Entity/DBA Name

AccentCare Personal Care Services of New York
 AccentCare Personal Care Services of Illinois
 AccentCare Home Health of Central Georgia
 AccentCare Home Health of Nashville
 AccentCare Home Health of Northeast Georgia
 AccentCare Home Health of Georgia
 AccentCare Home Health of Tennessee
 AccentCare Hospice & Palliative Care of Nashville
 AccentCare Personal Care Services of Tennessee
 AccentCare Home Health of Illinois
 AccentCare Home Health of Indiana
 AccentCare Home Health of Michigan
 AccentCare Home Health of Nebraska
 AccentCare Health
 AccentCare Primary Care
 AccentCare Home Health and Personal Care Services of Texas
 AccentCare Home Health of Southeastern Pennsylvania
 AccentCare Hospice & Palliative Care of California -Oakland
 AccentCare Hospice & Palliative Care of California -Orange
 AccentCare Hospice & Palliative Care of California -Sacramento
 AccentCare Hospice & Palliative Care of California -San Bernardino
 AccentCare Hospice & Palliative Care of California -San Diego
 AccentCare Hospice & Palliative Care of California -Los Angeles AccentCare Hospice & Palliative Care of Connecticut
 ChristianaCare-AccentCare Hospice & Palliative Care of Delaware AccentCare Hospice & Palliative Care of Connecticut
 AccentCare Hospice & Palliative Care of Georgia
 AccentCare Hospice & Palliative Care of Indiana
 AccentCare Hospice & Palliative Care of Maryland
 AccentCare Hospice & Palliative Care of Michigan
 AccentCare Hospice & Palliative Care of Missouri
 AccentCare Hospice & Palliative Care of Nevada
 AccentCare Hospice & Palliative Care of New Jersey
 AccentCare Hospice & Palliative Care of Northern California
 AccentCare Hospice & Palliative Care of Oregon
 AccentCare Hospice & Palliative Care of Texas -Houston
 AccentCare Hospice & Palliative Care of Texas -San Antonio
 AccentCare Hospice & Palliative Care of Texas -Dallas
 AccentCare Hospice & Palliative Care of Wisconsin
 AccentCare Hospice & Palliative Care of Illinois
 AccentCare Health of Pennsylvania
 AccentCare Home Health of Virginia
 AccentCare Home Health of Greater Philadelphia
 AccentCare Hospice & Palliative Care of Texas
 AccentCare Hospice & Palliative Care -Austin
 AccentCare Personal Care Services of Texas
 AccentCare Home Health of Texas
 AccentCare Personal Care Services of Arizona

AGENCY CUSTOMER ID: CN101830257

LOC #: Los Angeles



ADDITIONAL REMARKS SCHEDULE

Page 3 of 8

AGENCY Marsh Risk & Insurance Services		NAMED INSURED AccentCare, Inc 17855 North Dallas Parkway Suite 200 Dallas, TX 75287	
POLICY NUMBER		EFFECTIVE DATE	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

AccentCare Hospice & Palliative Care of Arizona
 AccentCare Hospice & Palliative Care of Colorado
 AccentCare Hospice & Palliative Care of Massachusetts
 AccentCare Hospice & Palliative Care of Pennsylvania
 AccentCare Hospice & Palliative Care of Southern Florida
 AccentCare Hospice & Palliative Care of Southeastern Pennsylvania
 AccentCare Home Health of Carthage
 AccentCare Home Health of Greenwood
 AccentCare Home Health of Jackson
 AccentCare Hospice & Palliative Care of Mississippi
 AccentCare Hospice & Palliative Care of Pasco County
 AccentCare Hospice & Palliative Care of Pinellas County
 AccentCare Hospice & Palliative Care of Hillsborough County
 Memorial Health System - AccentCare Hospice & Palliative Care of Broward Florida
 AccentCare Home Health of College Station
 AccentCare Home Health of Denton
 AccentCare Home Health of DeSoto
 AccentCare Home Health of Fort Worth
 AccentCare Home Health of Marble Falls
 AccentCare Home Health of McKinney
 AccentCare Home Health of Taylor
 AccentCare Home Health of Temple
 AccentCare Home Health of Waco
 AccentCare of Massachusetts, Inc.
 AccentCare of Massachusetts, Inc. dba AccentCare Home Health of Massachusetts
 AccentCare Hospice of Massachusetts, Aloha Home Care, Inc.
 Aloha Home Care, LLC dba AccentCare Home Health of Port St Lucie Aloha Home Care, Inc.
 AccentCare Florida Holding Company, Inc.
 DoctorsChoice-Jacksonville, LLC dba AccentCare Home Health of Jacksonville
 AccentCare Fairview, LLC
 AccentCare Fairview Home Health - East, LLC
 AccentCare Fairview Home Health - West, LLC
 AccentCare Fairview Hospice - West, LLC
 AccentCare Hospice & Palliative Care of Broward County
 Pluto Acquisition 1, Inc.
 AC - Daytona Holding Company, LLC
 AC - Jacksonville Holding Company, LLC
 AccentCare Asante Home Health DBA of AccentCare Home Health of Rogue Valley LLC
 AccentCare at Home, Inc.
 AccentCare Employee Assistance Fund
 AccentCare Fairview, LLC
 Fairview Elimination Co
 AccentCare Fairview Health Management, LLC dba AccentCare Fairview Lifetime
 AccentCare Fairview Holding Company - West, LLC
 AccentCare Fairview Holding Company - East, LLC
 AccentCare Fairview Hospice West, LLC
 AccentCare Fairview Hospice East, LLC
 AccentCare Fairview Health Management, LLC
 AccentCare Fairview Home Health - West, LLC
 AccentCare Fairview Home Health - East, LLC

AGENCY CUSTOMER ID: CN101830257

LOC #: Los Angeles



ADDITIONAL REMARKS SCHEDULE

Page 4 of 8

AGENCY Marsh Risk & Insurance Services		NAMED INSURED AccentCare Inc. 17855 North Dallas Parkway Suite 200 Dallas, TX 75287
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

AccentCare Florida Holding Company, Inc.
 AccentCare Health Management - Bundled Payments, LLC
 AccentCare Health Management of California, LLC
 AccentCare Health Management of Ohio, LLC
 AccentCare Health Management of Texas, LLC
 AccentCare Health Management, Inc.
 AccentCare Home Health at UC San Diego Health, LLC
 AccentCare Home Health of California, Inc.
 AccentCare Home Health of California, Inc. dba: AccentCare Hospice of California, Inc.
 AccentCare Home Health of El Centro, Inc.

 AccentCare Home Health of Mountain Valley, LLC
 AccentCare Home Health of Mountain Valley, LLC dba: AccentCare of Colorado, LLC
 AccentCare Home Health of Orange County, Inc. (formerly known as Request Home Health Services, Inc.)
 AccentCare Home Health of Phoenix, Inc.

 AccentCare Home Health of Rogue Valley, LLC
 AccentCare Home Health of Rogue Valley, LLC dba: AccentCare Asante Home Health
 AccentCare Home Health of Sacramento, Inc.

 AccentCare Home Health of the Bay Area, Inc.
 AccentCare Home Health, Inc. AccentCare Hospice Foundation
 AccentCare Hospice of California, Inc. - DBA of AccentCare Home Health of California, Inc. AccentCare Hospice Foundation
 AccentCare Hospice of California, Inc. and AccentCare Home Health of California, Inc.
 AccentCare of Massachusetts DBA AccentCare Home Health of Massachusetts
 AccentCare of Massachusetts DBA AccentCare Hospice of Massachusetts
 AccentCare Odessa Holding Company, Inc. - (This is the purchasing entity of Nurses unlimited)
 AccentCare of California, Inc.
 AccentCare of New York, Inc.
 AccentCare of New York, Inc. dba: Comprehensive Home Care
 AccentCare of Texas - DBA of Texas Home Health of America, LP
 AccentCare of Washington, Inc.
 AccentCare Skilled Nursing Services
 AccentCare Texas Holding Company, Inc.
 AccentCare UCLA Health, LLC
 AccentCare, Inc.
 AccentCare, LLC
 AccentCare of Colorado, LLC - DBA of AccentCare Home Health of Mountain Valley, LLC
 Alliance for Health, Inc.
 Aloha Home Care, Inc.
 Aloha Home Care, LLC
 At Home Companions (McKinney) dba of Texas Home Health of America, LP
 Austin Post Acute Management, LLC
 Austin Regional Clinic, P.A.
 Baylor Health Enterprises, LP
 DoctorsChoice - Jacksonville, LLC
 DoctorsChoice - Jacksonville, LLC dba: AccentCare Home Health of Jacksonville
 Elvis Acquisition, LLC
 Foundation Management Services, Inc.
 Fundamental Complete Services, Inc.

AGENCY CUSTOMER ID: CN101830257

LOC #: Los Angeles



ADDITIONAL REMARKS SCHEDULE

Page 5 of 8

AGENCY Marsh Risk & Insurance Services		NAMED INSURED AccentCare, Inc 17855 North Dallas Parkway Suite 200 Dallas, TX 75287	
POLICY NUMBER		EFFECTIVE DATE	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Guardian Home Care Holdings, Inc.
 Guardian Home Care Holdings, Inc. & related entities
 Guardian Home Care Mid-Cumberland, LLC
 Guardian Home Care of Central Georgia, LLC
 Guardian Home Care of Nashville, LLC (TN)
 Guardian Home Care of Northeast Georgia, LLC
 Guardian Home Care, LLC (GA)
 Guardian Home Care, LLC (TN)
 Guardian Home Healthcare, Inc.
 Guardian Hospice of Georgia, LLC (GA)
 Guardian Hospice of Nashville, LLC
 Guardian of Tennessee, Inc.
 Halifax Health Services, LLC
 Halifax Health Services, LLC dba Doctors's Choice Home Health dba AccentCare Home Health of Daytona
 Hardin County Medical Supplies, LLC
 Home Health Providers
 Horizon Group Holdings
 Intrepid Holdings, Inc.
 KindStar, Inc.
 KindStar, Inc. dba Texas Home Health
 KindStar, Inc. dba Texas Home Health Hospice KindStar, Inc. dba Accolade Home Care
 KindStar, Inc. dba Accolade Hospice KindStar, Inc. dba Accolade Home Care
 KindStar, Inc. dba Accolade Pediatric Therapy
 LA HH Holding I, LLC
 LA HH Holding II, LLC
 Mobile Physicians Group, Inc.
 Mountain Valley Healthcare Foundation, Inc.
 Nurses Unlimited, Inc.
 Nurses Unlimited, Inc. DBA Comfort Connection
 Nurses Unlimited, Inc. DBA Environmental Modification Unlimited
 Nurses Unlimited, Inc. DBA Lonestar Home Access Solutions
 Nurses Unlimited, Inc. dba Home Modifications Unlimited
 Nurses Unlimited, Inc. dba Texas Home Health
 Ohau, Inc.
 Ohau Home Care, LLC
 Padre Home Health - DBA of Texas Home Health of America, LP
 Paramount Plus Home Healthcare
 Quality Care Services, Inc. (QCSS)
 Royalty Personal Assistance Service - DBA of Texas Home Health of America, LP
 Senior Select & Texas Home Health Skilled Services, LP
 Srsbee Aircraft, LLC
 South Austin Family Practice, LLP DBA Premier Family Physicians
 Sta-Home Health & Hospice, Inc.
 Sta-Home Health agency of Carthage, Inc.
 Sta-Home Health Agency of Greenwood, Inc.
 Sta-Home Health Agency of Jackson, Inc.
 Sta-Home Hospice of Mississippi, Inc.
 Steward Home Care, Inc.
 Texas Health Hospice Austin, LLC
 Texas Home Health Group of College Station, LLC

AGENCY CUSTOMER ID: CN101830257

LOC #: Los Angeles



ADDITIONAL REMARKS SCHEDULE

Page 6 of 8

AGENCY Marsh Risk & Insurance Services		NAMED INSURED AccentCare, Inc 17855 North Dallas Parkway Suite 200 Dallas, TX 75287
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Texas Home Health Group of DeSoto, LLC
 Texas Home Health Group of Fort Worth, LLC
 Texas Home Health Group of Marble Falls, LLC
 Texas Home Health Group of McKinney, LLC
 Texas Home Health Group of Taylor, LLC
 Texas Home Health Group of Temple, LLC
 Texas Home Health Group of Waco, LLC
 Texas Home Health Group, LLC
 Texas Home Health Hospice - Austin, LLC
 Texas Home Health Hospice DBA: Texas Home Health Hospice, LP
 Texas Home Health Hospice LP dba: Texas Home Health Hospice
 Texas Home Health Hospice, LP (TX)
 Texas Home Health Management, L.P.
 Texas Home Health of America, LP
 Texas Home Health of America, LP DBA Quality Care Sitter Services, Inc.
 Texas Home Health of America, LP dba: AccentCare of Texas
 Texas Home Health of America, LP dba: At Home Companions
 Texas Home Health of America, LP dba: Texas Home Health of America
 Texas Home Health of Nederland, LLC dba: A*MED Home Health of Nederland
 Texas Home Health of Texas City II, LLC dba: A*MED Home Health of Texas City II Texas Home Health of Texas City, LLC dba: A*MED Home Health of Texas City
 Texas Home Health Skilled Services, L.P. Texas Home Health of Texas City, LLC dba: A*MED Home Health of Texas City
 Texas Home Health Skilled Services, L.P. dba: Senior Select
 Texas Home Health Skilled Services, L.P. DBA Senior Select (McKinney)
 Texas Home Health Skilled Services, LP dba: Texas Home Health Skilled Services
 Texas Home Health-Hartlingen, LLC
 Texas Skilled Services, LLC
 THHA Hospice, LLC
 THHA Management, LLC
 THHA No. 1, LLC
 THHG - College Station Holding Company, LLC
 THHG - DeSoto Holding Company, LLC
 THHG - Fort Worth Holding Company, LLC
 THHG - Marble Falls Holding Company, LLC
 THHG - McKinney Holding Company, LLC
 THHG - Taylor Holding Company, LLC
 THHG - Temple Holding Company, LLC
 THHG - Waco Holding Company, LLC
 Southeastern Intermediate Holding, LLC
 Southeastern Health Services of Pennsylvania, LLC
 Southeastern Home Health Care, LLC
 Southeastern Health of Pennsylvania, LLC
 SE Health Care at Home, LLC
 New Directions Primary Care, LLC
 Southeastern Hospice Services, LLC
 Southeastern Home Health Services of PA, LLC
 AccentCare Fairview, LLC
 Fairview Elimination Co
 AC2 Holding Company - West, LLC
 ACFV Holding Company - East, LLC
 AccentCare Fairview Hospice West, LLC

AGENCY CUSTOMER ID: CN101830257

LOC #: Los Angeles



ADDITIONAL REMARKS SCHEDULE

Page 7 of 8

AGENCY Marsh Risk & Insurance Services		NAMED INSURED AccentCare, Inc 17855 North Dallas Parkway Suite 200 Dallas, TX 75287	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

AccentCare Fairview Hospice East, LLC
 AccentCare Fairview Health Management, LLC
 AccentCare Fairview Home Health - West, LLC
 AccentCare Fairview Home Health - East, LLC
 Seasons Hospice Foundation
 SPC, LLC
 Seasons Hospice & Palliative Care of Arizona, LLC
 Seasons Hospice & Palliative Care of Northern California, LLC
 Seasons Hospice & Palliative Care of California-Orange, LLC
 Seasons Hospice & Palliative Care of California-San Bernardino, LLC
 Seasons Hospice & Palliative Care of Colorado, LLC
 Seasons Hospice & Palliative Care of Georgia, LLC
 Seasons Hospice, LLC f.k.a. Seasons Hospice, Inc.
 Seasons Hospice & Palliative Care of Massachusetts, LLC
 Seasons Hospice & Palliative Care of Michigan, LLC f.k.a. Seasons Hospice & Palliative Care of Michigan, Inc.
 Seasons Hospice & Palliative Care of New Jersey, LLC
 Seasons Hospice & Palliative Care of Oregon, LLC
 Seasons Hospice & Palliative Care of Texas, LLC f.k.a. Seasons Hospice & Palliative Care of Texas, Inc.
 Seasons Hospice Texas-San Antonio Holdings, LLC f.k.a. Seasons Hospice & Palliative Care of Texas Holding, Inc. Seasons Hospice-Texas-Houston Holdings, LLC f.k.a. Seasons Hospice & Palliative Care of Texas-Houston Holding, Inc.
 Seasons Healthcare Staffing, LLC Seasons Hospice-Texas-Houston Holdings, LLC f.k.a. Seasons Hospice & Palliative Care of Texas-Houston Holding, Inc.
 Seasons Hospice & Palliative Care of California, LLC
 Seasons Hospice & Palliative Care of California-Oakland, LLC
 Seasons Hospice & Palliative Care of California-Sacramento, LLC
 Seasons Hospice & Palliative Care of California-San Diego, LLC
 Seasons Hospice & Palliative Care of Connecticut, LLC
 Seasons Hospice & Palliative Care of Delaware, LLC
 Seasons Hospice & Palliative Care of Indiana, LLC
 Seasons Hospice & Palliative Care of Maryland, LLC f.k.a. Seasons Hospice & Palliative Care of Maryland, Inc.
 Seasons Hospice & Palliative Care of Missouri, LLC
 Seasons Hospice & Palliative Care of Nevada, LLC
 Seasons Hospice & Palliative Care of Pennsylvania, LLC
 Seasons Hospice & Palliative Care of San Antonio, LLC
 Seasons Hospice & Palliative Care of Texas-Houston, LLC
 Seasons Hospice & Palliative Care of Brevard County, LLC
 Seasons Hospice & Palliative Care of Broward Florida, LLC f.k.a. Seasons Hospice & Palliative Care of Broward Florida, LLC
 Seasons Hospice & Palliative Care of Broward Florida, LLC
 Seasons Hospice & Palliative Care of Northeast Florida, LLC
 Seasons Hospice & Palliative Care of Pasco County Holdings, LLC f.k.a. Seasons Hospice & Palliative Care of Pasco County Holdings, Inc.
 Seasons Hospice & Palliative Care of Pasco County, LLC
 Seasons Hospice & Palliative Care of Pinellas County Holdings, LLC f.k.a. Seasons Hospice & Palliative Care of Pinellas County Holdings, Inc.
 Seasons Hospice & Palliative Care of Pinellas County, LLC
 Seasons Hospice & Palliative Care of Tampa Holdings, LLC f.k.a. Seasons Hospice & Palliative Care of Tampa, Inc.
 Seasons Hospice & Palliative Care of Tampa, LLC
 Seasons Healthcare Management, LLC f.k.a. Seasons Healthcare Management, Inc.
 SHM Realty, LLC
 Seasons Hospice & Palliative Care of King County, LLC
 Seasons Hospice & Palliative Care of Pierce County Washington, LLC
 Seasons Hospice & Palliative Care of Snohomish County Washington, LLC
 Seasons Hospice & Palliative Care of Thurston County, LLC

AGENCY CUSTOMER ID: CN101830257

LOC #: Los Angeles



ADDITIONAL REMARKS SCHEDULE

Page 8 of 8

AGENCY Marsh Risk & Insurance Services		NAMED INSURED AccentCare, Inc. 17855 North Dallas Parkway Suite 200 Dallas, TX 75287
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Seasons Hospice & Palliative Care of Washington, DC, LLC
 Seasons Hospice & Palliative Care of Wisconsin, LLC f.k.a. Seasons Hospice & Palliative Care of Wisconsin, Inc.
 Seasons Hospice & Palliative Care of Southern Florida Intermediate, LLC
 Seasons Hospice & Palliative Care of Southern Florida, LLC f.k.a. Seasons Hospice & Palliative Care of Southern Florida, Inc.
 HRS Companies, LLC Seasons Hospice Miami Procop, LLC
 Health Data Solutions, Inc. HRS Companies, Inc.
 Health Resource Solutions, Inc. HRS Hospice, Inc.
 HRS of Nebraska, Inc.
 HRS Home Health of Indiana, LLC
 HRS Home Health of Michigan, LLC
 Gareda, LLC
 Guardian Personal Care Services, LLC
 AccentCare at Home of Minnesota, LLC
 AccentCare at Home of Michigan, LLC
 AccentCare at Home of Pennsylvania, LLC
 AccentCare Hospice of Rhode Island, LLC
 AccentCare Home Health of Washington, DC, LLC
 AccentCare Home Health of King County, LLC
 AccentCare Personal Care Services of Connecticut, LLC
 AccentCare Personal Care Services of Florida, LLC
 AccentCare Medical Group of Rhode Island, P.C.
 AccentCare Hospice & Palliative Care of Rhode Island, LLC



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 17, 2023 03:49 PM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

