



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 <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>
<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:
			<input type="button" value="Clear"/> <input type="button" value="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: _____

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 AccountsCsm@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 X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		FLP004982311	05/01/2023	05/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per 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 A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>		AL1811811 FLP004982311	05/01/2023 05/01/2023	05/01/2024 05/01/2024	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A D	UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR 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 B 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	X PER STATUTE OTH-ER 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 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 <i>Marsh Risk & Insurance Services</i>
---	--



ADDITIONAL REMARKS SCHEDULE

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

2023 AccentCare Named Insureds List

- Entry/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



ADDITIONAL REMARKS SCHEDULE

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



ADDITIONAL REMARKS SCHEDULE

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 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



ADDITIONAL REMARKS SCHEDULE

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



ADDITIONAL REMARKS SCHEDULE

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

- 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, LP 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
- ACF Holding Company - West, LLC
- ACFV Holding Company - East, LLC
- AccentCare Fairview Hospice West, LLC



ADDITIONAL REMARKS SCHEDULE

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		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

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