

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001537

Entity Name: HEALTHCOMPARE INSURANCE SERVICES, INC.**Current Principal Place of Business:**16802 ASTON, STE 100
IRVINE, CA 92606**Current Mailing Address:**5630 UNIVERSITY PARKWAY
WINSTON-SALEM, NC 27105 US**FEI Number:** 26-3577117**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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**Officer/Director Detail :**

Title P
Name MOODY, KYAL
Address 16802 ASTON, STE 100
City-State-Zip: IRVINE CA 92606

Title S, D
Name WEISSMANN, JEFFREY
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title T
Name RENDALL, PETER
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title VP
Name SCHOCK, BRAD
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title CFO, D
Name WEINER, MIKE
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title CAO
Name BOLAR, DONALD J
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title VP
Name GODDARD, AARON
Address 1100 NW COMPTON DR, #205
City-State-Zip: BEAVERTON OR 97006

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AARON GODDARD

VICE PRESIDENT

04/19/2018

Electronic Signature of Signing Officer/Director Detail_____
Date