

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001537

Entity Name: HEALTHCOMPARE INSURANCE SERVICES, INC.**Current Principal Place of Business:**3333 MICHELSON DR. STE 500
IRVINE, CA 92612**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	3333 MICHELSON DR. STE 500
City-State-Zip:	IRVINE CA 92612

Title	COO
Name	RENDALL, PETER
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	SVP, TAX
Name	GOLDSTEIN, MICHAEL
Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038

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

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

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: JEFFREY WEISSMANN**SECRETARY****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date