

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001537

Entity Name: HEALTHCOMPARE INSURANCE SERVICES, INC.**Current Principal Place of Business:**5630 UNIVERSITY PARKWAY
WINSTON-SALEM, NC 27105**Current Mailing Address:**PO BOX 3199
WINSTON-SALEM, NC 27102 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 AS
Name JAUHAR, MEGHAN
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR, COB, COO
Name RENDALL, PETER
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title CFO, VP
Name MACELLARO, PATRICK
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

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

Title P
Name GODDARD, AARON
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title SVP, TAX
Name GOLDSTEIN, MICHAEL
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR
Name HANES, DOUGLAS
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

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: MICHAEL GOLDSTEIN**SVP, TAX****04/29/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date