

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001537

**Entity Name:** HEALTHCOMPARE INSURANCE SERVICES, INC.**Current Principal Place of Business:**450 W. HANES MILL ROAD, STE. 101  
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	450 W. HANES MILL ROAD
City-State-Zip:	WINSTON-SALEM NC 27105

Title	COO
Name	RENDALL, PETER
Address	450 W. HANES MILL ROAD
City-State-Zip:	WINSTON-SALEM NC 27105

Title	VP, CAO
Name	BOLAR, DONALD
Address	450 W. HANES MILL ROAD
City-State-Zip:	WINSTON-SALEM NC 27105

Title	DIRECTOR, COB, P
Name	GODDARD, AARON
Address	450 W. HANES MILL ROAD
City-State-Zip:	WINSTON-SALEM NC 27105

Title	SVP
Name	HWANG, CHRISTINA
Address	450 W. HANES MILL ROAD
City-State-Zip:	WINSTON-SALEM NC 27105

Title	DIRECTOR, SECRETARY
Name	SIVATJIAN, ANDREW
Address	450 W. HANES MILL ROAD
City-State-Zip:	WINSTON-SALEM NC 27105

Title	SVP, T
Name	BAND, ALEXANDRA
Address	450 W. HANES MILL ROAD
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:** MEGHAN JAUHAR**ASSISTANT SECRETARY** 04/19/2024\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date