

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001537

Entity Name: HEALTHCOMPARE INSURANCE SERVICES, INC.**Current Principal Place of Business:**721 S PARKER 300
ORANGE, CA 92868**Current Mailing Address:**721 S PARKER 300
ORANGE, CA 92868**FEI Number:** 26-3577117**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	D
Name	WORD, JOHN M III
Address	721 S PARKER 300
City-State-Zip:	ORANGE CA 92868

Title	P
Name	BROWN, EDWARD J JR.
Address	721 S PARKER 300
City-State-Zip:	ORANGE CA 92868

Title	VP
Name	BOUCHER, EVA
Address	6191 N. HWY 161, SUITE 400
City-State-Zip:	IRVING TX 75038

Title	S
Name	CLOSE, MICHAEL
Address	721 S PARKER 300
City-State-Zip:	ORANGE CA 92868

Title	T
Name	GEE, CLINTON
Address	721 S PARKER 300
City-State-Zip:	ORANGE CA 92868

Title	CEO
Name	WORD, JOHN M III
Address	721 S PARKER #300
City-State-Zip:	ORANGE CA 92868

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: EDWARD J. BROWN, JR.

P

04/10/2014

Electronic Signature of Signing Officer/Director Detail_____
Date