

2015 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 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

04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date