

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002752

**Entity Name:** HEQ INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

15 W. SCENIC POINTE DRIVE  
SUITE 400  
DRAPER, UT 84020

**Current Mailing Address:**

15 W. SCENIC POINTE DRIVE  
SUITE 400  
DRAPER, UT 84020 US

**FEI Number:** 45-2488579

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR SUITE A  
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            PRESIDENT, DIRECTOR  
Name            NEELEMAN, STEPHEN D.  
Address        15 W. SCENIC POINTE DRIVE  
                 SUITE 400  
City-State-Zip: DRAPER UT 84020

Title            VP  
Name            RESKE, MIKE  
Address        15 W. SCENIC POINTE DRIVE  
                 SUITE 400  
City-State-Zip: DRAPER UT 84020

Title            SECRETARY, TREASURER  
Name            EGGETT, CORDELL  
Address        15 W. SCENIC POINTE DRIVE  
                 SUITE 400  
City-State-Zip: DRAPER UT 84020

Title            VP  
Name            KEOHAN, E. CRAIG  
Address        15 W. SCENIC POINTE DRIVE  
                 SUITE 400  
City-State-Zip: DRAPER UT 84020

*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: STEPHEN NEELEMAN**

**PRESIDENT**

**04/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date