

2017 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: CORDELL EGGETT**SECRETARY****04/08/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date