

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000005630

**Entity Name:** SELECTQUOTE AUTO & HOME INSURANCE SERVICES, LLC

**FILED**  
**Apr 24, 2024**  
**Secretary of State**  
**1401394180CC**

**Current Principal Place of Business:**

6800 W 115TH ST  
SUITE 2511  
OVERLAND PARK, KS 66211-2205

**Current Mailing Address:**

6800 W 115TH ST  
SUITE 2511  
OVERLAND PARK, KS 66211-2205 US

**FEI Number:** 27-4177177

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST  
STE 300 SUITE 4  
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

**Authorized Person(s) Detail :**

Title SOLE MEMBER  
Name SELECTQUOTE, INC.  
Address 6800 W 115TH ST  
SUITE 2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title DIRECTOR  
Name DEVINE, DENISE L  
Address 6800 W 115TH ST  
SUITE 2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title DIRECTOR  
Name HAWKS III, DONALD L  
Address 6800 W 115TH ST  
SUITE 2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title DIRECTOR  
Name DEVANNY III, EARL H  
Address 6800 W 115TH ST  
SUITE 2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title DIRECTOR  
Name PATEL, KAVITA DR.  
Address 6800 W 115TH ST  
SUITE 2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title DIRECTOR  
Name WELDON, RAYMOND F  
Address 6800 W 115TH ST  
SUITE 2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title DIRECTOR  
Name DANKER, TIMOTHY ROBERT  
Address 6800 W 115TH ST  
SUITE 2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title DIRECTOR  
Name GRANT II, WILLIAM THOMAS  
Address 6800 W 115TH ST  
SUITE 2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

**Continues on page 2**

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIEL ALLEN BOULWARE**

**SECRETARY**

**04/24/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title            PRESIDENT  
Name            SOUAN, RYAN  
Address        6800 W 115TH ST  
                 SUITE 2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title            SECRETARY  
Name            BOULWARE, DANIEL ALLEN  
Address        6800 W 115TH ST  
                 SUITE 2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title            CFO  
Name            CLEMENT, RYAN MOORE  
Address        6800 W 115TH ST  
                 SUITE 2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title            ASSISTANT TREASURER  
Name            FISHER, STEPHANIE DAWN  
Address        6800 W 115TH ST  
                 SUITE 2511  
City-State-Zip: OVERLAND PARK KS 66211-2205