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

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

#### Current Principal Place of Business:

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

DOCUMENT# M19000005630

#### **Current Mailing Address:**

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

#### FEI Number: 27-4177177

#### 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

Authorized Person(s) Detail	Person(s) Detail :
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Authorized	Person(s) Detail :		
Title	SOLE MEMBER	Title	DIRECTOR
Name	SELECTQUOTE, INC.	Name	DEVINE, DENISE L
Address	6800 W 115TH ST SUITE 2511	Address	6800 W 115TH ST SUITE 2511
City-State-Zip:	OVERLAND PARK KS 66211-2205	City-State-Zip:	OVERLAND PARK KS 66211-2205
Title	DIRECTOR	Title	DIRECTOR
Name	HAWKS III, DONALD L	Name	DEVANNY III, EARL H
Address	6800 W 115TH ST SUITE 2511	Address	6800 W 115TH ST SUITE 2511
City-State-Zip:	OVERLAND PARK KS 66211-2205	City-State-Zip:	OVERLAND PARK KS 66211-2205
Title	DIRECTOR	Title	DIRECTOR
Title	DIRECTOR	nue	DIRECTOR
Name	PATEL, KAVITA DR.	Name	WELDON, RAYMOND F
Address	6800 W 115TH ST SUITE 2511	Address	6800 W 115TH ST SUITE 2511
City-State-Zip:	OVERLAND PARK KS 66211-2205	City-State-Zip:	OVERLAND PARK KS 66211-2205
Title	DIRECTOR	Title	DIRECTOR
Name	DANKER, TIMOTHY ROBERT	Name	GRANT II, WILLIAM THOMAS
Address	6800 W 115TH ST SUITE 2511	Address	6800 W 115TH ST SUITE 2511
City-State-Zip:	OVERLAND PARK KS 66211-2205	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

FILED Apr 24, 2024 Secretary of State 1401394180CC

Certificate of Status Desired: No

Date

### Authorized Person(s) Detail Continued :

Title	PRESIDENT	Title	CFO
Name	SOUAN, RYAN	Name	CLEMENT, RYAN MOORE
Address	6800 W 115TH ST SUITE 2511	Address	6800 W 115TH ST SUITE 2511
City-State-Zip:	OVERLAND PARK KS 66211-2205	City-State-Zip:	OVERLAND PARK KS 66211-2205
Title	SECRETARY	Title	ASSISTANT TREASURER
Name	BOULWARE, DANIEL ALLEN	Name	FISHER, STEPHANIE DAWN
Address	6800 W 115TH ST SUITE 2511	Address	6800 W 115TH ST SUITE 2511
City-State-Zip:	OVERLAND PARK KS 66211-2205	City-State-Zip:	OVERLAND PARK KS 66211-2205