

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004033

**FILED**  
**Jan 28, 2014**  
**Secretary of State**  
**CC9975565247**

**Entity Name:** RIGHT CHOICE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1281 MURFREESBORO ROAD  
NASHVILLE, TN 37217

**Current Mailing Address:**

1281 MURFREESBORO ROAD  
NASHVILLE, TN 37217

**FEI Number: 20-3003783**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
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 DCEO  
Name MULLEN, JOHN  
Address 1281 MURFREESBORO ROAD  
City-State-Zip: NASHVILLE TN 37217

Title DCFO  
Name HAGELY, TODD J  
Address 1281 MURFREESBORO ROAD  
City-State-Zip: NASHVILLE TN 37217

Title SECRETARY  
Name ARENA, JOHN  
Address 1281 MURFREESBORO ROAD  
City-State-Zip: NASHVILLE TN 37217

*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: JOHN ARENA**

**SECRETARY**

**01/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date