

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006671

Entity Name: SELECTQUOTE INSURANCE SERVICES, INC.**Current Principal Place of Business:**701 SAN MARCO BLVD, 9TH FLOOR
JACKSONVILLE, FL 32207**Current Mailing Address:**595 MARKET STREET, 10TH FLOOR
SAN FRANCISCO, CA 94105**FEI Number:** 68-0027389**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 CEO
Name SINGH, CHARAN J
Address 595 MARKET STREET 10TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title CFO
Name EDWARDS, ROBERT
Address 595 MARKET STREET 10TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title S
Name MALIK, NANCY
Address 595 MARKET STREET 10TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title D
Name PAULSEN, DAVID L
Address 595 MARKET STREET 10TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title D
Name GRANT II, WILLIAM T
Address 595 MARKET STREET 10TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

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: ROBERT EDWARDS**COO/CFO****04/17/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date