F06000006671

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CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 342271 7897878

AUTHORIZATION :

COST LIMIT

ORDER DATE: September 11, 2012

ORDER TIME : 2:26 PM

ORDER NO. : 342271-004

CUSTOMER NO: 7897878

CHANGE OF AGENT

NAME: SELECTQUOTE INSURANCE SERVICES

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.
The name of the corporation: SELECTQUOTE INSURANCE SERVICES, INC.
2. The principal office address: 701 San Marco Blvd, 9th Floor, Jacksonville FL 32207
3. The mailing address (if different): 595 Market Street, 10th Floor, San Francisco, CA 94105
4. Date of incorporation/qualification: 10/23/2006 Document number: F06000006671
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
C T Corporation System
1200 South Pine Island Road
Plantation FL 33324
1200 South Pine Island Road Plantation FL 33324 5. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Maureen Cathell, Vice President
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Corporation Service Company Signature of Registered Agent Date
If signing on behalf of an entity:
Sylvia Queppet, Assistant Vice President
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *