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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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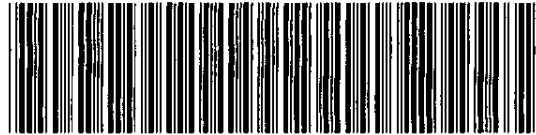
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS

4/15/09

**COVER LETTER**

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DIVISION OF CORPORATIONS

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**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** HealthCompare Insurance Services, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bill Butler

(Name of Person)

HealthCompare Insurance Services, Inc.

(Firm/Company)

721 S Parker, Suite 300

(Address)

Orange, California 92868

(City/State and Zip code)

For further information concerning this matter, please call:

Bill Butler

(Name of Person)

at (

888 442-6272

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. HealthCompare Insurance Services, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 263577117  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/06/2008 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 721 S Parker 300, Orange, California 92868  
(Principal office address)

(Current mailing address)

8. The business of insurance, functioning as insurance agency.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Dr., Ste 4

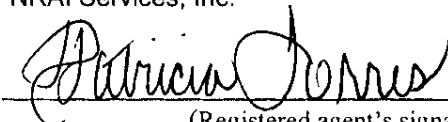
Weston, Florida 33331  
(City) (Zip code)

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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.*

NRAI Services, Inc.



(Registered agent's signature) Patricia Torres, Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

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Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: John Word

Address: 721 S Parker, 300, Orange, CA 92868

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Edward Brown

Address: 721 S Parker, 300, Orange, CA 92868

Vice President: EVA BOUCHER

Address: 6191 N. HWY 161, SUITE 400, IRVING, TX 75038

Secretary: Michael Close

Address: 721 S Parker, 300, Orange, CA 92868

Treasurer: Clinton Gee

Address: 721 S Parker, 300, Orange, CA 92868

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

EVA BOUCHER, Sr. VP- COMPLIANCE

(Typed or printed name and capacity of person signing application)

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HealthCompare Insurance Services, Inc.

Officers/Directors List

John M. Word III – CEO, Director	721 S. Parker, Suite 300 Orange, CA 92868
Edward J. Brown, Jr – President, Director	721 S. Parker, Suite 300 Orange, CA 92868
Clinton Gee – Treasurer	721 S. Parker, Suite 300 Orange, CA 92868
Michael Close – Secretary	721 S. Parker, Suite 300 Orange, CA 92868
Eva Boucher – Sr. VP	6191 N. Hwy 161, Suite 400 Irving, TX 75038

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHCOMPARE INSURANCE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MARCH, A.D. 2009.

SECRETARY OF STATE  
DIVISION OF CORPORATION  
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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7218545

DATE: 03-31-09