

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001537

FILED
Jan 10, 2012
Secretary of State

Entity Name: HEALTHCOMPARE INSURANCE SERVICES, INC.

Current Principal Place of Business:

721 S PARKER 300
ORANGE, CA 92868

New Principal Place of Business:

Current Mailing Address:

721 S PARKER 300
ORANGE, CA 92868

New Mailing Address:

FEI Number: 26-3577117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: WORD, JOHN M III
Address: 721 S PARKER 300
City-St-Zip: ORANGE, CA 92868

Title: P
Name: BROWN, EDWARD J JR
Address: 721 S PARKER 300
City-St-Zip: ORANGE, CA 92868

Title: VP
Name: BOUCHER, EVA
Address: 6191 N. HWY 161, SUITE 400
City-St-Zip: IRVING, TX 75038

Title: S
Name: CLOSE, MICHAEL
Address: 721 S PARKER 300
City-St-Zip: ORANGE, CA 92868

Title: T
Name: GEE, CLINTON
Address: 721 S PARKER 300
City-St-Zip: ORANGE, CA 92868

Title: CEO
Name: WORD, JOHN M III
Address: 721 S PARKER #300
City-St-Zip: ORANGE, CA 92868

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 M WORD III

D

01/10/2012

Electronic Signature of Signing Officer or Director

Date