

No. C 182744		Due no later than Apr 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. HEALTHCOMPARE INSURANCE SERVICES, INC. BILL BUTLER 6191 NORTH STATE HIGHWAY 161 SUITE 400 IRVING TX 75038		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JOHN M WORD, III	721 S. PARKER	ORANGE	CA	USA	92868	
TREASURER	CLINTON GEE	721 S. PARKER	ORANGE	CA	USA	92868	
PRESIDENT	EDWARD BROWN JR	721 S PARKER 300	ORANGE	CA	USA	92868	
SECRETARY	MICHAEL CLOSE	721 S PARKER 300	ORANGE	CA	USA	92868	
5. Organized Under the Laws of: DE C 182744		6. Annual Report must be signed.* Signature: Edward Brown Jr Name (type or print): Edward Brown Jr					
		Date: 05/12/2014 Title: President					
Processed 05/12/2014 * Electronically provided signatures are accepted as original signatures.							