| Office of the Se  | d Providence Plantations Fee: \$20.00<br>cretary of State     |
|---|---|
|   | iver Street   |
|   | I 02904-2615  |
| (401) 22  | 22-3040   |
| Foreign Corporation<br>Statement of Change of Registered Agent by the Corporation<br>(Section 7-1.2-1409 of the General Laws of Rhode Island, 1956, as amended)   |   |
| SECTION I   |   |
| The name of the corporation is <u>HealthCompare Insurance Services, Inc.</u>  |   |
| SECTION II  |   |
| The address of the registered office as PRESENTLY shown in the State is:  | ecorporate records on file with the Rhode Island Secretary of |
| 450 VETERANS MEMORIAL PARKWAY, SUITE 7A E   | AST PROVIDENCE, RI 02914                                      |
| The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:   |   |
| NATIONAL REGISTERED AGENTS, INC.  |   |
| SECTION III   |   |
| The address of the NEW registered office is:  |   |
| No. and Street: 222 JEFFERSON BOULEVARD, SUITE 20   | 0   |
| City or Town: WARWICK   | State: RI Zip: 02888  |
|   |   |
| The name of the NEW registered agent is:  | CORPORATION SERVICE COMPANY                                   |
| SECTION IV  |   |
| The appointment of a new registered agent and the new registered office, as the case may be, shall become effective upon the filing of this statement, or on (a date not prior to, nor more than 30 days after, filing this statement)  |   |
| <b>Signed this 3 Day of April, 2017 at 3:08:17 PM.</b> <i>This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.</i> |   |
| <u>JEFFREY WEISSMANN, SECRETARY</u><br>Signature of Authorized Officer of the Corporation   |   |

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