

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003809

**Entity Name:** GETHEALTHINSURANCE.COM AGENCY INC.

**Current Principal Place of Business:**

7440 WOODLAND DRIVE  
INDIANAPOLIS, IN 46278

**Current Mailing Address:**

7440 WOODLAND DRIVE  
INDIANAPOLIS, IN 46278 US

**FEI Number: 37-0920164**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REUTER, CHRISTOPHER MICHAEL  
Address        7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title            TREASURER  
Name            GILL, PETER MARSHALL  
Address        7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title            CEO, DIRECTOR, CHAIRMAN  
Name            COSGRIFF, JOHN WILLIAM  
Address        7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title            DIRECTOR  
Name            GARRISON, DANIEL SCOTT  
Address        7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title            ASST. SECRETARY  
Name            LANG, HEATHER ANASTASIA  
Address        7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title            SECRETARY  
Name            SULLIVAN, RICHARD CHARLES  
Address        7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title            ASST. SECRETARY  
Name            LEWIS-DAVID, JENNIFER LUNDGREN  
Address        7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title            ASST. SECRETARY  
Name            ZUBA, JESSICA LEIGH  
Address        7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

*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: HEATHER ANASTASIA LANG**

**ASSISTANT SECRETARY    04/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date