

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90113 046 \*\*\*150.00

**DOCUMENT # F02000004844**

1. Entity Name  
**EHEALTHINSURANCE SERVICES, INC.**



Principal Place of Business      Mailing Address  
**440 E MIDDLEFIELD RD**      **440 E MIDDLEFIELD RD**  
**MOUNTAIN VIEW, CA 94043**      **MOUNTAIN VIEW, CA 94043**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04162008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**77-0470789**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BUSINESS FILINGS INCORPORATED</b> <b>1203 GOVERNOR'S SQ. BLVD.</b> <b>SUITE 101</b> <b>TALLAHASSEE, FL 32301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAUER, GARY L			NAME			
STREET ADDRESS	440 E MIDDLEFIELD RD			STREET ADDRESS			
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HURLEY, ROBERT S			NAME			
STREET ADDRESS	11919 FOUNDATION PLACE, STE100			STREET ADDRESS			
CITY-ST-ZIP	GOLD RIVER, CA 95670			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TELKAMP, BRUCE			NAME			
STREET ADDRESS	440 E MIDDLEFIELD RD			STREET ADDRESS			
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUIZINGA, STUART M			NAME			
STREET ADDRESS	440 E MIDDLEFIELD RD			STREET ADDRESS			
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LACOB, JOSEPH S			NAME	Flanders, Scott N.		
STREET ADDRESS	2750 SAND HILL ROAD			STREET ADDRESS	17666 Fitch,		
CITY-ST-ZIP	MENLO PARK, CA 94025			CITY-ST-ZIP	Irvine, CA 92614		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, MICHAEL D			NAME	see attached		
STREET ADDRESS	3000 SAND HILL ROAD, BLDG. 3, SUITE 290			STREET ADDRESS			
CITY-ST-ZIP	MENLO PARK, CA 94025			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stuart Huizinga      Date: 4/18/08      Daytime Phone #: 650-210-3180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT  
40080059  
~~#FO2000004844~~

**eHealth, Inc.**  
**Listing of Members of Board of Directors**  
**As of 03/31/08**

Name	Title	Work Address
Lauer, Gary L.	Chairman	c/o eHealth, Inc., 440 E. Middlefield Rd, Mountain View, CA 94043
Cakebread, Steve	Director	c/o Salesforce.com, Inc., The Landmark @ One Market, Suite 300, San Francisco, CA 94105
Goldberg, Michael D.	Director	c/o Mohr, Davidow Ventures, 3000 Sand Hill Rd., Bldg 3, Suite 290, Menlo Park, CA 94025
Oliver, Jack L.	Director	c/o Bryan Cave Strategies LLC, 700 13th Street N.W., Suite #500, Washington, DC 20005
Sandberg, Sheryl	Director	c/o Google, Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043
Schaepe, Christopher J.	Director	c/o Lightspeed Venture Partners, 2200 Sand Hill Rd., Menlo Park, CA 94025
Flanders, Scott N.	Director	c/o Freedom Communications, Inc. 17666 Fitch, Irvine, Ca 92614

**eHealth, Inc.**  
**Listing of Officers**  
**As of**

03/31/08

Name	Title	Address
Lauer, Gary L.	CEO/President	440 E. Middlefield Rd, Mountain View, CA 94043
Huizinga, Stuart M.	CFO/SVP/Treasurer	440 E. Middlefield Rd, Mountain View, CA 94043
Telkamp, Bruce A.	Executive VP/Secretary	440 E. Middlefield Rd, Mountain View, CA 94043
Wang, Sheldon X.	Executive VP/CTO	440 E. Middlefield Rd, Mountain View, CA 94043
Gibbs, Sam C.	Sr. Vice President	440 E. Middlefield Rd, Mountain View, CA 94043
Hurley, Robert S.	Sr. Vice President	11919 Foundation Place, Suite 100, Gold River, CA 95670
Matalucci, Gary W	Vice President	11919 Foundation Place, Suite 100, Gold River, CA 95670

**ATTACHMENT**

40080059  
 # F02000004844