# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2009**
**Secretary of State**

DOCUMENT# F02000004844

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

**Current Principal Place of Business:**

440 E MIDDLEFIELD RD
MOUNTAIN VIEW, CA 94043

**New Principal Place of Business:**

**Current Mailing Address:**

440 E MIDDLEFIELD RD
MOUNTAIN VIEW, CA 94043

**New Mailing Address:**

**FEI Number: 77-0470789** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BUSINSESS FILINGS INCORPORATED
1203 GOVERNOR'S SQ. BLVD.
SUITE 101
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PCD | ( ) Delete |
| Name: | LAUER, GARY L | |
| Address: | 440 E MIDDLEFIELD RD | |
| City-St-Zip: | MOUNTAIN VIEW, CA 94043 | |
| Title: | V | ( ) Delete |
| Name: | HURLEY, ROBERT S | |
| Address: | 11919 FOUNDATION PLACE, STE100 | |
| City-St-Zip: | GOLD RIVER, CA 95670 | |
| Title: | S | ( ) Delete |
| Name: | TELKAMP, BRUCE | |
| Address: | 440 E MIDDLEFIELD RD | |
| City-St-Zip: | MOUNTAIN VIEW, CA 94043 | |
| Title: | T | ( ) Delete |
| Name: | HUIZINGA, STUART M | |
| Address: | 440 E MIDDLEFIELD RD | |
| City-St-Zip: | MOUNTAIN VIEW, CA 94043 | |
| Title: | D | ( ) Delete |
| Name: | FLANDERS, SCOTT N | |
| Address: | 17666 FITCH | |
| City-St-Zip: | IRVINE, CA 92614 | |
| Title: | D | ( ) Delete |
| Name: | GOLDBERG, MICHAEL D | |
| Address: | 3000 SAND HILL ROAD, BLDG. 3, SUITE 290 | |
| City-St-Zip: | MENLO PARK, CA 94025 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HUIZINGA, STUART M T 03/20/2009

Electronic Signature of Signing Officer or Director — Date