

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004844

FILED  
Feb 24, 2011  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

**Title:** PCD  
**Name:** LAUER, GARY L  
**Address:** 440 E MIDDLEFIELD RD  
**City-St-Zip:** MOUNTAIN VIEW, CA 94043

**Title:** VP  
**Name:** HURLEY, ROBERT S  
**Address:** 11919 FOUNDATION PLACE, STE100  
**City-St-Zip:** GOLD RIVER, CA 95670

**Title:** S  
**Name:** TELKAMP, BRUCE  
**Address:** 440 E MIDDLEFIELD RD  
**City-St-Zip:** MOUNTAIN VIEW, CA 94043

**Title:** T  
**Name:** HUIZINGA, STUART M  
**Address:** 440 E MIDDLEFIELD RD  
**City-St-Zip:** MOUNTAIN VIEW, CA 94043

**Title:** D  
**Name:** FLANDERS, SCOTT N  
**Address:** C/O EHEALTH, INC. 440 E. MIDDLEFIELD ROAD  
**City-St-Zip:** MOUNTAIN VIEW, CA 94043

**Title:** D  
**Name:** GOLDBERG, MICHAEL D  
**Address:** C/O EHEALTH, INC. 440 E. MIDDLEFIELD ROAD  
**City-St-Zip:** MOUNTAIN VIEW, CA 94043

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:** STUART M HUIZINGA

TREA

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date