#### **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F0700003809

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:

Name

Electronic Signature of Registered Agent

Date

**FILED** May 19, 2020

**Secretary of State** 

1310173873CC

#### Officer/Director Detail :

Title	ASSISTANT TREASURER*	Title	ASSISTANT TREASURER*
Name	RUNICE, PAUL TIMOTHY	Name	MCGLINCH, THOMAS SHAUN
Address	7440 WOODLAND DRIVE	Address	7440 WOODLAND DRIVE
City-State-Zip:	INDIANAPOLIS IN 46278	City-State-Zip:	INDIANAPOLIS IN 46278

Title CEO Title **PRESIDENT** 

Name CARR, PATRICK FRANCIS CARR, PATRICK FRANCIS Name Address 7440 WOODLAND DRIVE Address 7440 WOODLAND DRIVE INDIANAPOLIS IN 46278 City-State-Zip: City-State-Zip: INDIANAPOLIS IN 46278

Title CHIEF INFORMATION SECURITY Title **CHAIR** 

OFFICER\*

CARR. PATRICK FRANCIS Name SHEEHAN, BRYAN PATRICK

Address 7440 WOODLAND DRIVE Address 7440 WOODLAND DRIVE INDIANAPOLIS IN 46278 City-State-Zip: City-State-Zip: INDIANAPOLIS IN 46278

Title **TREASURER** Title

GILL, PETER MARSHALL Name Name FRANK, JOHN FREDERICK 7440 WOODLAND DRIVE Address Address 7440 WOODLAND DRIVE INDIANAPOLIS IN 46278 City-State-Zip:

City-State-Zip: INDIANAPOLIS IN 46278

# Continues on page 2

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.

05/19/2020 SIGNATURE: HEATHER ANASTASIA LANG ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

TitleDIRECTORTitleVICE PRESIDENT\*NameFRANK, JOHN FREDERICKNameJONES, LARRY DEANAddress7440 WOODLAND DRIVEAddress7440 WOODLAND DRIVECity-State-Zip:INDIANAPOLIS IN 46278City-State-Zip:INDIANAPOLIS IN 46278

Title VICE PRESIDENT\* Title ASSISTANT SECRETARY

Name GARVER, MICHAEL DEAN Name LANG, HEATHER ANASTASIA

Address 7440 WOODLAND DRIVE Address 7440 WOODLAND DRIVE

City-State-Zip: INDIANAPOLIS IN 46278 City-State-Zip: INDIANAPOLIS IN 46278

Title SECRETARY Title DIRECTOR

NameSULLIVAN, RICHARD CHARLESNameCARR, PATRICK FRANCISAddress7440 WOODLAND DRIVEAddress7440 WOODLAND DRIVECity-State-Zip:INDIANAPOLIS IN 46278City-State-Zip:INDIANAPOLIS IN 46278