

2018 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 SECRETARY
Name SULLIVAN, RICHARD CHARLES
Address 7440 WOODLAND DRIVE
City-State-Zip: INDIANAPOLIS IN 46278

Title ASSISTANT SECRETARY
Name LANG JACOBSEN, HEATHER ANASTASIA
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name FRANK, JOHN FREDERICK
Address 7440 WOODLAND DRIVE
City-State-Zip: INDIANAPOLIS IN 46278

Title TREASURER
Name OBERRENDER, ROBERT WORTH
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

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

Title PRESIDENT
Name CARR, PATRICK FRANCIS
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 JACOBSEN**ASSISTANT SECRETARY 04/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date