



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000487355

2. Name of Corporation eHealthInsurance Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 440 E. MIDDLEFIELD RD.

City or Town: MOUNTAIN VIEW

State: CA

Zip: 94043

Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

Online Insurance Broker

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	BRUCE A. TELKAMP	440 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043 USA
TREASURER/CFO	STUART M. HUIZINGA	440 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043 USA
PRESIDENT/CEO	GARY L. LAUER	440 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043 USA
DIRECTOR	STEVEN M. CAKEBREAD	440 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043 USA
DIRECTOR	SCOTT N. FLANDERS	440 E. MIDDLEFIELD RD.

		MOUNTAIN VIEW, CA 94043 USA
DIRECTOR	MICHAEL D. GOLDBERG	440 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0010	100.00	100

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 28 Day of January, 2014 at 4:36:15 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHELLE DONATO  
Signature of Authorized Representative of the Corporation

POA  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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