



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

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

Certificate Request Form

Request Information *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
001658764	Employee Health Insurance Management, Inc.	Good Standing Certificate

Total Fee: \$22.00

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: MINDI K. FYNKE

Business Name: EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC.

No. and Street: 26711 NORTHWESTERN HWY.

SUITE 400

City or Town: SOUTHFIELD

State: MI Zip: 48033 Country: USA

Contact Phone: (248) 948-9900 ext:

Contact Email: MFYNKE@EHIMRX.COM

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.