

RECEIVED STATE
 DEPARTMENT OF
 CORPORATIONS
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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: Amended 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000487355		2. Exact name of the Corporation eHealthinsurance Services, Inc.			
3. Principal Office Address 2625 Augustine Drive Second Floor			City Santa Clara	State CA	Zip 95054
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Online Insurance Broker			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott Flanders			Vice-President Name Scott Giesler		
Street Address 2625 Augustine Drive Second Floor			Street Address 2625 Augustine Drive Second Floor		
City Santa Clara	State CA	Zip 95054	City Santa Clara	State CA	Zip 95054
Secretary Name Scott Giesler			Treasurer Name Derek Yung		
Street Address 2625 Augustine Drive Second Floor			Street Address 2625 Augustine Drive Second Floor		
City Santa Clara	State CA	Zip 95054	City Santa Clara	State CA	Zip 95054
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Scott Flanders			Director Name David Francis		
Street Address 2625 Augustine Drive Second Floor			Street Address 2625 Augustine Drive Second Floor		
City Santa Clara	State CA	Zip 95054	City Santa Clara	State CA	Zip 95054
Director Name Derek Yung			Director Name		
Street Address 2625 Augustine Drive Second Floor			Street Address		
City Santa Clara	State CA	Zip 95054	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	.0001
11. 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. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative <i>Derek N Yung</i>					Date <i>10/15/2019</i>
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FORM 630 - Revised: 02/2017

BY *[Signature]*



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

October 18, 2019 12:22 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

