



**State of Rhode Island
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

ID	ENTITY NAME	CERTIFICATE TYPE
001704022	Healthinsurance.com, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Domenick DiCicco

Business Name:

No. and Street: 3450 Buschwood Park Drive
Suite 200

City or Town: Tampa State: FL Zip: 33611 Country: USA

Contact Phone: ext:

Contact Email: corpaffairs@bfyt.com