

1.) CORPORATION NAME:

**eHealthInsurance Services, Inc.**

DUE DATE: **2/29/2012**

SCC ID NO: **F1410358**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 440 E. MIDDLEFIELD RD.

CITY/ST/ZIP: MOUNTAIN VIEW, CA 94043-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT S HURLEY  
TITLE: SVP  
ADDRESS: 11919 FOUNDATION PL  
STE 100  
CITY/ST/ZIP/CO: BOLD RIVER, CA 95670-

OFFICER

DIRECTOR

NAME: GARY LAUER  
TITLE: P/CEO  
ADDRESS: 440 E. MIDDLEFIELD RD.  
CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043-

OFFICER

DIRECTOR

NAME: SHELDON X. WANG  
TITLE: VICE PRESIDENT  
ADDRESS: 440 E. MIDDLEFIELD RD.  
CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043-

OFFICER

DIRECTOR

NAME: BRUCE TELKAMP  
TITLE: SECRETARY  
ADDRESS: 440 E. MIDDLEFIELD RD.  
CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043-

OFFICER

DIRECTOR

NAME: STUART M. HUIZINGA  
TITLE: TREAS/CFO  
ADDRESS: 440 E. MIDDLEFIELD RD.  
CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94043-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE M. CAKEBREAD DIRECTOR 440 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT N. FLANDERS DIRECTOR 440 E. MIDDLEFIELD RD. MOUNTAIN VIEW, VA 94043-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL D. GOLDBERG DIRECTOR 440 E. MIDDLEFIELD RD. MOUNTAIN VIEW, VA 94043-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE M. HIGBY DIRECTOR 440 E. MIDDLEFIELD RD. MOUNTAIN VIEW, VA 94043-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ STUART M. HUIZINGA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STUART M. HUIZINGA, TREAS/CFO PRINTED NAME AND CORPORATE TITLE	12/21/2011 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.