

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213503528

1.) CORPORATION NAME:

DUE DATE: **2/28/2013**

**eHealthInsurance Services, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1410358**

**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: Gary L. Lauer TITLE: PRESIDENT/CEO ADDRESS: 440 E. Middlefield Rd. CITY/ST/ZIP/CO: Mountain View, CA 94043	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sheldon X. Wang TITLE: VICE PRESIDENT ADDRESS: 440 E. Middlefield Rd. CITY/ST/ZIP/CO: Mountain View, CA 94043	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Bruce A. Telkamp TITLE: SECRETARY ADDRESS: 440 E. Middlefield Rd. CITY/ST/ZIP/CO: Mountain View, CA 94043	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Stuart M. Huizinga TITLE: TREAS/CFO ADDRESS: 440 E. Middlefield Rd. CITY/ST/ZIP/CO: Mountain View, CA 94043	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Robert S. Hurley TITLE: SVP ADDRESS: 440 E. Middlefield Rd. CITY/ST/ZIP/CO: Mountain View, CA 94043	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Steven M. Cakebread TITLE: DIRECTOR ADDRESS: 440 E. Middlefield Rd. CITY/ST/ZIP/CO: Mountain View, CA 94043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Scott N. Flanders TITLE: DIRECTOR ADDRESS: 440 E. Middlefield Rd. CITY/ST/ZIP/CO: Mountain View, CA 94043	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Michael D. Goldberg TITLE: DIRECTOR ADDRESS: 440 E. Middlefield Rd. CITY/ST/ZIP/CO: Mountain View, CA 94043	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Lawrence M. Higby TITLE: DIRECTOR ADDRESS: 440 E. Middlefield Rd. CITY/ST/ZIP/CO: Mountain View, CA 94043	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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	1/23/2013 DATE
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.		