

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214502677

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

eHealthInsurance Services, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1410358**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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: 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: 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: 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT N. FLANDERS DIRECTOR 440 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL D. GOLDBERG DIRECTOR 440 E. MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE M. HIGBY DIRECTOR 440 E. MIDDLEFIELD RD. 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	1/6/2014 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.			