

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214531503

1.) CORPORATION NAME:

EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES INC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA**

SCC ID NO: **F1592619**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 26711 NORTHWESTERN HWY
Suite 400

CITY/ST/ZIP: SOUTHFIELD, MI 48033-2154

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:	MINDI K FYNKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES,SEC,TREAS		
ADDRESS:	26711 NORTHWESTERN HWY STE 400		
CITY/ST/ZIP/CO:	SOUTHFIELD, MI 48033		

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/ MINDI K FYNKE	MINDI K FYNKE,	6/19/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRES,SEC,TREAS PRINTED NAME AND CORPORATE TITLE	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.