

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213541953
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1.) CORPORATION NAME: HEALTH INSURANCE SPECIALISTS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCorp SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA	DUE DATE: 7/31/2013 SCC ID NO: F1758855 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: MD					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 17620-B REDLAND RD

CITY/ST/ZIP: ROCKVILLE, MD 20855

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JON BELINKIE TITLE: PRESIDENT ADDRESS: 17620 B REDLAND ROAD CITY/ST/ZIP/CO: ROCKVILLE, MD 20855		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EILEEN DRUCKER TITLE: DIRECTOR ADDRESS: 17620 B REDLAND RD CITY/ST/ZIP/CO: ROCKVILLE, MD 20855		

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/ JON BELINKIE	JON BELINKIE, PRESIDENT	9/6/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.