

No. C 173768		Due no later than Jun 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GETHEALTHINSURANCE.COM AGENCY INC. 7440 WOODLAND DRIVE INDIANAPOLIS IN 46278		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	PATRICK FRANCIS CARR	7440 WOODLAND DRIVE	INDIANAPOLIS	IN	USA	46278	
SECRETARY	RICHARD CHARLES SULLIVAN	7440 WOODLAND DRIVE	INDIANAPOLIS	IN	USA	46278	
TREASURER	ROBERT WORTH OBERRENDER	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343	
DIRECTOR	MICHAEL LEE CORNE	7440 WOODLAND DRIVE	INDIANAPOLIS	IN	USA	46278	
DIRECTOR	PATRICK FRANCIS CARR	7440 WOODLAND DRIVE	INDIANAPOLIS	IN	USA	46278	
5. Organized Under the Laws of: IN C 173768		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann					
		Date: 05/12/2017 Title: POA					
Processed 05/12/2017		* Electronically provided signatures are accepted as original signatures.					