RI SOS Filing Number: 200702764060 Date: 10/18/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
147298	Connextions HCI, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Florida	Insurance services

5. Principal office address	City	State	Zip
3600 eCommerce Place	Orlando	FL	32808

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Elena Crosby	Compliance & Contracts Officer

Street Address	City	State	Zip
3600 eCommerce Place	Orlando	FL	32808

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Connextions, Inc.	
Street Address	Street Address
3600 eCommerce Place	
City / State / Zip	City / State / Zip
Orlando / FL / 32808	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
Corporation Service Company	Suite 200	
Address	City	Zip
222 Jefferson Boulevard	Warwick	02888

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 147298 [redacted]

FILED
File Date OCT 18 2007
Check No. By 49069
By: MMC
FOR SECRETARY OF STATE USE ONLY

15933-23-196472

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

10.03.2007
Signature of Authorized Person *Date*

[redacted] William Hohns
Print or Type Name of Authorized Person

Form 632 Rev. 07/07