



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 2009

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. 138843		2. Exact name of the limited liability company DreamLife Administration, LLC			
3. State of Formation AZ		4. Brief description of the character of the business which is actually conducted in Rhode Island Third Party Insurance Administration			
5. Principal office address 6900 E Camelback Rd, Suite 935			City Scottsdale	State AZ	Zip 85251
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ryan Frederick			Contact Title Controller		
Street Address 6900 E Camelback Rd, Suite 935			City Scottsdale	State AZ	Zip 85251
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) <input type="checkbox"/>					
Manager Name DreamLife Partners, LLC			Manager Name		
Street Address PO Box 10055			Street Address		
City Scottsdale	State AZ	Zip 85271	City	State	Zip
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 National Registered Agents, INC			Address		
Address 222 Jefferson Blvd, Suite 200			City Warwick	Zip 02888	

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

File Date	7-27-09
Check No.	1634
By:	<i>MNC</i>
FOR SECRETARY OF STATE USE ONLY	

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.

Patrik Guindon 7/22/09
Signature of Authorized Person Date
Patrik Guindon, Vice President
Print or Type Name of Authorized Person