No. C 191399		Due no later than Jun 30, 2015	2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CONNEXION INSURANCE SOLUTIONS, INC. SUZANNE ROEN 7001 220TH ST SW MS316 MOUNTLAKE TERRACE WA 98043-2124 USA				
4. Corporations: Ente	er Names and Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	RICK GROVE	R 7001 220TH ST SW MS316	MOUNTLAKE TERRACE	WA	USA	98043-2124
SECRETARY	JOHN PIERC	7001 220TH ST SW MS316	MOUNTLAKE TERRACE	WA	USA	98043-2124
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
WA C 191399		Signature: Suzanne Roen Date: 04/22/2015				
		Name (type or print): Suzanne Roen Title: Corporate Paralegal				
Processed 04/22/20:	15	* Electronically provided signatures are accepted as original sig	natures.			