No. C 191399  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Jun 30, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  CONNEXION INSURANCE SOLUTIONS, INC.  JODI CHIN  7001 220TH STREET SW  MS316  MOUNTLAKE TERRACE WA 98043-2124  USA		2. Registered Agent and Address (NO PO BOX)				
				921 S ORCHA BOISE ID 83	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT	STACEY DIX	ON	7001 220TH STREET SW MS316	MOUNTLAKE TERRACE	WA	USA	98043	
PRESIDENT	LAWRENCE MEITL		7001 220TH STREET SW MS316	MOUNTLAKE TERRACE	WA	USA	98043-2124	
SECRETARY	JOHN H PIERCE		7001 220TH STREET SW MS316	MOUNTLAKE TERRACE	WA	USA	98043-2124	
VICE PRESIDENT	ANN FARRISON		7001 220TH STREET SW MS316	MOUNTLAKE TERRACE	WA	USA	98043	
TREASURER	SHARILYN A CAMPBELL		7001 220TH STREET SW MS316	MOUNTLAKE TERRACE	WA	USA	98043	
DIRECTOR	RICHARD L GROVER		7001 220TH STREET SW MS316	MOUNTLAKE TERRACE	WA	USA	98043	
DIRECTOR	KENT S MARQUARDT		7001 220TH STREET SW MS316	MOUNTLAKE TERRACE	WA	USA	98043	
DIRECTOR	JAMES M MESSINA		7001 220TH STREET SW MS316	MOUNTLAKE TERRACE	WA	USA	98043	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WA C 191399		Signature: Jodi	Date: 05/22/2017					
		Name (type or	Title: Corp	Title: Corporate Paralegal				
Processed 05/22/2017		* Electronically provided signatures are accepted as original signatures.						