2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2008
Secretary of State

DOCUMENT# L03000011679

Entity Name: HEALTH PLAN INTERMEDIARIES, LLC

Current Principal Place of Business:

218 E. BEARSS AVE
SUITE 326
TAMPA, FL 33613

New Principal Place of Business:

218 E. BEARSS AVE
SUITE 325
TAMPA, FL 33613

Current Mailing Address:

1002 TARAY DE AVILA
TAMPA, FL 33613

New Mailing Address:

FEI Number: 54-2105298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOSLOSKE, MICHAEL W
1002 TARAY DE AVILA
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KOSLOSKE, MICHAEL W
Address: 1002 TARAY DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: MGR ( ) Delete
Name: HERSHBERGER, MICHAEL D
Address: 7617 MINERAL POINT ROAD
City-St-Zip: MADISON, WI 53717

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: KOSLOSKE, LORI A
Address: 1002 TARAY DE AVILA
City-St-Zip: TAMPA, FL 33613 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL W. KOSLOSKE MR 07/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date