

| <b>SCC eFile</b>   | <b>2014 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 214541297  |       |            |        |       |
|--|---|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>IHC Specialty Benefits, Inc.</b>   |   | DUE DATE: <b>8/31/2014</b>   |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>C T CORPORATION SYSTEM<br/>4701 COX ROAD<br/>STE 285<br/><br/>GLEN ALLEN, VA</b>  |   | SCC ID NO: <b>F1905308</b><br><br>5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS  | AUTHORIZED  |  |       |            |        |       |
| COMMON   | 1,000   |  |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   |   |  |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>DE</b>  |   |  |       |            |        |       |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 5353 Wayzata Blvd., Suite 300<br><br>CITY/ST/ZIP: Minneapolis, MN 55416  |   |  |       |            |        |       |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.  |   |  |       |            |        |       |
| NAME: JEFF C SMEDSRUD<br>TITLE: PRESIDENT<br>ADDRESS: 860 BLUE GENTIAN RD. #330<br>CITY/ST/ZIP/CO: EAGAN, MN 55121   | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |       |
| NAME: ADAM C VANDERVOORT<br>TITLE: SECRETARY<br>ADDRESS: 485 MADISON AVE<br>CITY/ST/ZIP/CO: NEW YORK, NY 10022   | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |       |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.  |   |  |       |            |        |       |
| /s/ ADAM C VANDERVOORT<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | ADAM C VANDERVOORT,<br>SECRETARY<br>PRINTED NAME AND CORPORATE TITLE                    | 8/29/2014<br>DATE  |       |            |        |       |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |   |  |       |            |        |       |