

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA

IN RE HEALTH INSURANCE INNOVATIONS
SECURITIES LITIGATION

Case No.: 8:17-cv-02186-TPB-SPF

PROOF OF CLAIM AND RELEASE FORM

Deadline for Submission: APRIL 8, 2021

If you purchased or otherwise acquired Health Insurance Innovations, Inc. (“HIIQ”) Class A Common Stock (trading symbol HIIQ) or exchange-traded Call Options on HIIQ Class A Common Stock or sold (wrote) exchange-traded Put Options on HIIQ Class A Common Stock between August 4, 2017, and September 11, 2017, inclusive, you could get a payment from a class action settlement.

IF YOU ARE A SETTLEMENT CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS PROOF OF CLAIM AND RELEASE FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

IF YOU ARE A SETTLEMENT CLASS MEMBER AND DO NOT TIMELY REQUEST EXCLUSION IN CONNECTION WITH THE PROPOSED SETTLEMENT, YOU WILL BE BOUND BY THE TERMS OF ANY JUDGMENT ENTERED IN THE LITIGATION, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM AND RELEASE FORM.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE FORM AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN APRIL 8, 2021, TO THE FOLLOWING ADDRESS:

In Re Health Insurance Innovations Securities Litigation
c/o Epiq
P.O. Box 2530
Portland, OR 97208-2530

www.HIIQSecuritiesLitigation.com

Toll-Free: 1-855-958-3603

YOUR FAILURE TO SUBMIT YOUR PROOF OF CLAIM AND RELEASE FORM BY APRIL 8, 2021, WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION. DO NOT MAIL OR DELIVER YOUR PROOF OF CLAIM AND RELEASE FORM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL, AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR PROOF OF CLAIM AND RELEASE FORM ONLY TO THE CLAIMS ADMINISTRATOR.

CLAIMANT'S STATEMENT

1. I (we) purchased or otherwise acquired HIIQ Class A Common Stock or exchange-traded Call Options on HIIQ Class A Common Stock or sold (wrote) exchange-traded Put Options on HIIQ Class A Common Stock and was (were) damaged thereby. (Do not submit this Proof of Claim and Release Form if you did not transact in HIIQ Securities during the designated Class Period.)
2. By submitting this Proof of Claim and Release Form, I (we) state that I (we) believe in good faith that I am (we are) a Settlement Class Member as defined above and in the Notice of (I) Pendency and Proposed Settlement of Class Action and Plan of Allocation; (II) Settlement Hearing; and (III) Motion for Award of Attorneys' Fees and Reimbursement of Litigation Expenses (the "Notice"), or I am (we are) acting for such person(s); that I am (we are) not a Defendant in the Actions or anyone excluded from the Settlement Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund, as defined in the Notice; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Settlement Class Member [e.g., as an executor, administrator, trustee, or other representative], you must submit evidence of your current authority to act on behalf of that Settlement Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)
3. I (we) consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim and Release Form. I (we) understand and agree that my (our) claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my (our) status as a Settlement Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Litigation or Settlement in connection with processing of the Proof of Claim and Release Form.
4. I (we) have set forth where requested below all relevant information with respect to each purchase of HIIQ Securities during the Class Period, and each sale, if any. I (we) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.
5. I (we) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of HIIQ Securities listed below in support of our claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)
6. I (we) understand that the information contained in this Proof of Claim and Release Form is subject to such verification as the Claims Administrator may request or as the Court may direct, and I (we) agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your recognized claim. In some cases, the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives securities such as options.)
7. By signing this Proof of Claim and Release Form, and in consideration of the establishment of the Net Settlement Fund, as of the occurrence of the Effective Date (as defined in the Notice), I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a full and complete release, remise, and discharge by me (us) and my (our) heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers, and assigns (or, if I am [we are] submitting this Proof of Claim and Release Form on behalf of a corporation, a partnership, estate, or one or more other persons, by it, him, her, or them, and by its, his, her, or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Claims," as defined in the Notice, including any and all claims, rights, demands, obligations, damages, actions or causes of action, or liabilities whatsoever, of every nature and description, whether known or unknown (including "Unknown Claims" as defined in the Notice and below), whether arising under federal, state, common, or foreign law or regulation, that arise out of or relate in any way to the purchase or sale of HIIQ Securities during the Class Period and the acts, facts, statements, or omissions that were or could have been alleged or asserted by Lead Plaintiff or any member of the Settlement Class in the Action or in any other action in any court or forum against any of the Released Persons (as defined in the Notice).

"Unknown Claims" means any and all Released Claims that Lead Plaintiff or any member of the Settlement Class does not know or suspect to exist in his, her, or its favor at the time of the release of the Released Persons, which if known by him, her or it might have affected his, her, or its settlement with and release of the Released Parties or might have affected his, her, or its decision not to object to the settlement or not exclude himself, herself, or

itself from the Settlement Class. Lead Plaintiff and every member of the Settlement Class expressly waive, and by operation of the final judgment shall be deemed to have waived, to the fullest extent permitted by law, any and all provisions, rights and benefits conferred by California Civil Code §1542 (to the extent applicable), and any laws of any state or territory of the United States, or principle of common law, or the law of any foreign jurisdiction, that is similar, comparable or equivalent to California Civil Code §1542, which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

Lead Plaintiff acknowledges, and every member of the Settlement Class by law and operation of the Order and Final Judgment shall be deemed to have acknowledged, that the inclusion of “Unknown Claims” in the definition of Released Claims was separately bargained for and was a material element of the settlement.

8. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All Claimants MUST submit a manually signed paper Proof of Claim and Release Form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-855-958-3603 or visit their website at www.HIQSecuritiesLitigation.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

PART I - CLAIMANT INFORMATION

Please Type or Print

Important - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	1	2	3	4	5	6	7	8	9	0
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Beneficial Owner's First Name	MI	Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Beneficial Owner's First Name	MI	Co-Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Entity Name (if claimant is not an individual)		
<input type="text"/>		
Representative or Custodian Name (if different from Beneficial Owner[s] listed above)		
<input type="text"/>		
Address 1 (street name and number)		
<input type="text"/>		
Address 2 (apartment, unit, or box number)		
<input type="text"/>		
City	State	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Foreign Country (only if not USA)		
<input type="text"/>		
Social Security Number (last four digits only) or Taxpayer Identification Number (last four digits only)		
<input type="text"/>	OR	<input type="text"/>
Telephone Number		
<input type="text"/>	-	<input type="text"/> - <input type="text"/>
Email Address		
<input type="text"/>		
Account Number		
<input type="text"/>		
Claimant Account Type (check appropriate box)		
<input type="checkbox"/> Individual (includes joint owner accounts)	<input type="checkbox"/> Pension Plan	<input type="checkbox"/> Trust
<input type="checkbox"/> Corporation	<input type="checkbox"/> Estate	
<input type="checkbox"/> IRA/401(k)	<input type="checkbox"/> Other _____ (please specify)	

PART II - TRANSACTIONS IN HIIQ CLASS A COMMON STOCK (HIIQ)

Beginning Holdings:

A. State the total number of shares of HIIQ Class A Common Stock (HIIQ) owned as of the beginning of trading on August 4, 2017, long or short *(must be documented)*.

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Purchases/Acquisitions:

B. Separately list each and every purchase of HIIQ Class A Common Stock (HIIQ) during the period from August 4, 2017, and December 8, 2017, inclusive, and provide the following information *(must be documented)*:

Trade Date (List Chronologically) (Month/Day/Year)	Number of HIIQ Class A Common Stock (HIIQ) Purchased	Purchase/Acquisition Price per Share	Total Cost (Excluding Commissions, Taxes, and Fees)	Transaction Type (P/R)*																																											
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*P – Purchase, R – Received (Transfer-In)

Sales:

C. Separately list each and every sale of HIIQ Class A Common Stock (HIIQ) during the period from August 4, 2017, and December 8, 2017, inclusive and provide the following information *(must be documented)*.

Trade Date (List Chronologically) (Month/Day/Year)	Number of HIIQ Class A Common Stock (HIIQ) Sold	Sale Price per Share	Amount Received (Excluding Commissions, Taxes, and Fees)	Transaction Type (S/D)*																																											
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td></tr> </table>								<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td></tr> </table>								<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td> </tr> </table> <div style="text-align: right; margin-right: 5px;">•</div> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td></tr> </table>															<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td> </tr> </table> <div style="text-align: right; margin-right: 5px;">•</div> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td><td style="width: 15%; height: 20px;"></td></tr> </table>															<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	
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*S – Sale, D – Delivery (Transfer-Out)

D. State the total number of HIIQ Class A Common Stock (HIIQ) owned at the close of trading on December 8, 2017, long or short *(must be documented)*.

Ending Holdings:

												•		
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If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet.

Continued on next page.

PART III – SCHEDULE OF TRANSACTIONS IN HIIQ CLASS A COMMON STOCK CALL OPTIONS:

A. At the beginning of trading on August 4, 2017, the following Call Options on HIIQ Class A Common Stock were owned:

Date of Transaction (MMDDYY)	No. of Contracts	Expiration Date (MMDDYY)	Strike Price	Purchase Price per Contract	Amount Paid, Excluding Taxes, Fees, & Commissions	Insert an "E" if Exercised	Insert an "X" if Expired	Exercised Date (MMDDYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

B. **Purchases:** Purchases, including by way of exchange, conversion, or otherwise from August 4, 2017, to December 8, 2017, inclusive, of Call Options on HIIQ Class A Common Stock *(must be documented)*:

Date of Transaction (MMDDYY)	No. of Contracts	Expiration Date (MMDDYY)	Strike Price	Purchase Price per Contract	Amount Paid, Excluding Taxes, Fees, & Commissions	Insert an "E" if Exercised	Insert an "X" if Expired	Exercised Date (MMDDYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

C. **Sales:** Sales of Call Options on HIIQ Class A Common Stock in which Call Options were purchased between August 4, 2017, and December 8, 2017, inclusive (*must be documented*):

Date of Transaction (MMDDYY)	No. of Contracts	Expiration Date (MMDDYY)	Strike Price	Sale Price per Option Contract	Amount Received, Exclusive of Taxes, Fees, & Commissions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

D. At the end of trading on December 8, 2017, the following Call Options on HIIQ Class A Common Stock were open:

No. of Contracts	Expiration Date (MMDDYY)	Strike Price	Purchase Price per Contract	Amount Received, Excluding Taxes, Fees, & Commissions	Insert an "E" if Exercised	Insert an "X" if Expired	Exercised Date (MMDDYY)
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet. *Continued on next page.*

PART IV – SCHEDULE OF TRANSACTIONS IN HIIQ CLASS A COMMON STOCK PUT OPTIONS:

A. At the beginning of trading on August 4, 2017, the following Put Options on HIIQ Class A Common Stock in which you had open interest:

Date of Transaction (MMDDYY)	No. of Contracts	Expiration Date (MMDDYY)	Strike Price	Purchase Price per Contract	Amount Paid, Excluding Taxes, Fees, & Commissions	Insert an "A" if Assigned	Insert an "X" if Expired	Assign Date (MMDDYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. **Sales:** Written (sold) Put Options on HIIQ Class A Common Stock from August 4, 2017, to December 8, 2017, inclusive (*must be documented*):

Date of Writing/Sale (MMDDYY)	No. of Contracts	Expiration Date (MMDDYY)	Strike Price	Sale Price per Contract	Amount Received, Excluding Taxes, Fees, & Commissions	Insert an "A" if Assigned	Insert an "X" if Expired	Assign Date (MMDDYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Purchases: Purchases of Put Options on HIIQ Class A Common Stock that were written between August 4, 2017, and December 8, 2017, inclusive (*must be documented*):

Date of Transaction (MMDDYY)	No. of Contracts	Expiration Date (MMDDYY)	Strike Price	Price Paid per Option Contract	Aggregate Cost, Exclusive of Taxes, Fees, & Commissions
□□□□□□	□□□□□□	□□□□□□	□□□.□□	□□□□.□□	□□□□□□□.□□
□□□□□□	□□□□□□	□□□□□□	□□□.□□	□□□□.□□	□□□□□□□.□□
□□□□□□	□□□□□□	□□□□□□	□□□.□□	□□□□.□□	□□□□□□□.□□
□□□□□□	□□□□□□	□□□□□□	□□□.□□	□□□□.□□	□□□□□□□.□□

D. At the end of trading on December 8, 2017, the following Put Options previously written on HIIQ Class A Common Stock were open:

No. of Contracts	Expiration Date (MMDDYY)	Strike Price	Price per Contract	Amount Received, Excluding Taxes, Fees, & Commissions	Insert an "E" if Exercised	Insert an "A" if Assigned	Exercise Date (MMDDYY)
□□□□□□	□□□□□□	□□□.□□	□□□□.□□	□□□□□□□.□□	□	□	□□□□□□
□□□□□□	□□□□□□	□□□.□□	□□□□.□□	□□□□□□□.□□	□	□	□□□□□□
□□□□□□	□□□□□□	□□□.□□	□□□□.□□	□□□□□□□.□□	□	□	□□□□□□
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If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet *Continued on next page.*

Certification

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE IS TRUE, CORRECT, AND COMPLETE. BY EXECUTING THIS CERTIFICATION, I (WE) ACKNOWLEDGE AND AGREE TO BE BOUND BY THE RELEASE SET FORTH IN THE NOTICE AND DESCRIBED IN PARAGRAPH 7 OF CLAIMANT'S STATEMENT ABOVE.

I (We) further certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a) (1)(c) of the Internal Revenue Code because: (a) I am (we are) exempt from backup withholding, (b) I (we) have not been notified by the IRS that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the IRS that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign)

[Signature box]

(Signature)

[Signature box]

(Signature)

[Signature box]

(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.) (See paragraph 2 of the Claimant's Statement for instructions)

Date: [MM] - [DD] - [YYYY]

THIS PROOF OF CLAIM AND RELEASE FORM MUST BE SUBMITTED NO LATER THAN APRIL 8, 2021, AND MUST BE MAILED TO:

In Re Health Insurance Innovations Securities Litigation
c/o Epiq
P.O. Box 2530
Portland, OR 97208-2530

www.HIIQSecuritiesLitigation.com

Toll Free: 1-855-958-3603

A Proof of Claim and Release Form received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by **April 8, 2021**, and if a postmark is indicated on the envelope, it is mailed First-Class Mail, and addressed in accordance with the above instructions. In all other cases, a Proof of Claim and Release Form shall be deemed to have been submitted when actually received by the Claims Administrator.

REMINDER CHECKLIST

- o Please be sure to sign this Proof of Claim and Release Form. If this Proof of Claim and Release Form is submitted on behalf of Joint Claimants, then both Claimants must sign.
- o Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
- o Do NOT use highlighter on the Proof of Claim and Release Form or any supporting documents.
- o If you move after submitting this Proof of Claim and Release Form, please notify the Claims Administrator of the change in your address.