

UNITED STATES OF AMERICA
Before the
SECURITIES AND EXCHANGE COMMISSION

ADMINISTRATIVE PROCEEDING
File No. 3-20932

In the Matter of

**Health Insurance Innovations, Inc., now named
Benefytt Technologies, Inc., and Gavin D. Southwell,
Respondents.**

PLAN NOTICE OF HEALTH INSURANCE INNOVATIONS, INC. FAIR FUND

TO: Individuals and entities, or their lawful successors, who purchased and/or acquired shares of Health Insurance Innovations, Inc. under the symbol HIIQ (“HIIQ” or “Security”) during the period from March 2, 2017 through March 12, 2019, inclusive (the “Relevant Period”).

If you fall within the group above, you must submit a completed Claim Form with the documentation substantiating your claim so that it is postmarked (or if not sent by U.S. Mail, received) by March 28, 2024 (the “Claims Bar Date”), to be considered for eligibility to receive a Distribution Payment from the Health Insurance Innovations, Inc. Fair Fund (“Fair Fund”).

I. Purpose of this Plan Notice

The purpose of this Plan Notice is to inform you that you may be eligible to share in the proceeds of the Fair Fund described herein. To be potentially eligible to share in the Fair Fund, you must file a Claim Form in accordance with the steps set forth in this Plan Notice and in the Plan of Distribution (the “Plan”) approved by the Securities and Exchange Commission (“SEC” or “Commission”). Claim Forms, together with this Plan Notice, are being mailed to all known Preliminary Claimants¹ who are identified as Preliminary Claimants by the Commission-appointed Fund Administrator (“Fund Administrator”), Epiq Class Action & Claims Solutions, Inc. (“Epiq”).² Copies of the Plan, this Plan Notice, and the Claim Form are available on the Fair Fund website at www.HealthInsuranceInnovationsFairFund.com and through the Commission’s website at www.sec.gov. Certain persons are excluded from eligibility under the Plan; these exclusions are summarized in Section III below.

Please Note: Receipt of this Plan Notice does not mean you are an Eligible Claimant as that term is defined in the Plan.

SPECIAL NOTICE TO SECURITIES BROKERS AND OTHER NOMINEE PURCHASERS: If you purchased and/or acquired shares of HII during the Relevant Period as a nominee for a beneficial owner, then within ten (10) days after you receive this Plan Notice, you must either: (a) send a copy of this Plan Notice and the accompanying Claim Form by First-Class Mail to all such beneficial owners; or (b) provide a list of the names and addresses of such beneficial owners to the Fund Administrator listed in Part VI of this Plan Notice.

PLEASE READ THIS PLAN NOTICE CAREFULLY AND IN ITS ENTIRETY. IF YOU SATISFY THE ELIGIBILITY CRITERIA DESCRIBED BELOW, YOU MAY BE ELIGIBLE TO RECEIVE A DISTRIBUTION PAYMENT FROM THE FAIR FUND. THIS PLAN NOTICE CONTAINS IMPORTANT INFORMATION REGARDING YOUR POSSIBLE ELIGIBILITY TO SHARE IN THE FAIR FUND.

Copies of this Plan Notice and the Claim Form may be downloaded at no cost from the Fair Fund’s website at www.HealthInsuranceInnovationsFairFund.com.

¹ Capitalized terms not defined here are defined in the Plan.

² On September 18, 2023, the Commission appointed Epiq as the Fund Administrator.

II. Background

On July 20, 2022, the Commission issued an Order Instituting Cease-and-Desist Proceedings, Pursuant to Section 8A of the Securities Act of 1933, Making Findings, and Imposing a Cease-and-Desist Order (the “Order”) against the Health Insurance Innovations, Inc., now named Benefytt Technologies, Inc., (“HII”) and Gavin D. Southwell (“Southwell”) (collectively, the “Respondents”). In the Order, the Commission found that from March 2017 through March 2020, HII, a technology platform, billing administrator and distributor of short-term and limited health insurance products, and its CEO Southwell made a series of false and misleading statements to investors, which concealed extensive consumer complaints about products being sold through misrepresentations to consumers.

HII and Southwell falsely stated that HII had 99.99% consumer satisfaction and misleadingly stated that state departments of insurance received very few consumer complaints regarding HII. HII and Southwell understated the amount of business that had been generated by its most productive distributor, Simple Health Plans LLC (“Simple Health”), which amassed the most consumer complaints. HII and Southwell misrepresented that HII had terminated its relationship with a different distributor in 2016 for compliance failures, when in fact, HII re-hired this distributor despite continuing compliance problems. These statements were made in reports filed with the Commission, press releases, earnings calls and other communications with investors.

Southwell also disseminated misleading information about HII’s compliance to research analysts and a subscription news service, which included the information in research reports and news article that were distributed to investors. In total, the Commission ordered the Respondents to pay \$320,000 in disgorgement, \$41,511 in prejudgment interest, and \$11,750,000 in civil money penalties, for a collective total of \$12,111,511, to the Commission. The Commission also created the Fair Fund, pursuant to Section 308(a) of the Sarbanes-Oxley Act of 2002, so the penalties paid, along with the disgorgement and interest paid, can be distributed to harmed investors.

The Respondents have paid in full. The Fair Fund has been deposited in a Commission-designated account at the United States Department of the Treasury, and any accrued interest will be added to the Fair Fund.

III. Eligibility Criteria and the Distribution Methodology

To qualify for a payment from the Fair Fund, you must satisfy certain eligibility criteria that are described in detail in the Plan. The Plan is available on the Fair Fund website at www.HealthInsuranceInnovationsFairFund.com and on the Commission’s public website at www.sec.gov. You can also request a copy of the Plan by calling the Fund Administrator at 1-877-676-3395 or by emailing info@HealthInsuranceInnovationsFairFund.com. The eligibility criteria include the following:

- You must have purchased and/or acquired shares of HII during the relevant Period (from March 2, 2017 through March 12, 2019, inclusive).
- Your approved transactions must calculate to a Recognized Loss as calculated under the Plan of Allocation attached as Exhibit A to the Plan and your Distribution Payment must equal or exceed \$10.00.

You are excluded from participation in the Fair Fund if you are an Excluded Party as defined in the Plan, including:

- The Respondents (“Health Insurance Innovations, Inc., now named Benefytt Technologies, Inc. and Gavin D. Southwell”).
- Present or former officers or directors of Respondents or any assigns, creditors, heirs, distributees, spouses, parents, dependent children or controlled entities of any of the foregoing Persons or entities;
- Any employee or former employee of the Respondents or any of its affiliates who has been terminated for cause or has otherwise resigned, in connection with the conduct described in the Order;
- Any Person who, as of the Claims Bar Date, has been the subject of criminal charges related to the conduct described in the Order or any related Commission action;
- Any firm, trust, corporation, officer, or other entity in which Respondents has or had a controlling interest;
- The Fund Administrator, its employees, and those Persons assisting the Fund Administrator in its role as the Fund Administrator; or
- Any purchaser or assignee of another Person’s right to obtain a recovery from the Fair Fund for value; provided, however, that this provision shall not be construed to exclude those Persons who obtained such a right by gift, inheritance or devise.

The Recognized Loss incurred by an Eligible Claimant shall be determined as set forth in the Plan. The methodology used to determine eligibility and calculate Distribution Payments is set forth in the Plan of Allocation attached to the Plan as Exhibit A.

IV. Claim Forms

A CLAIM FORM CAN BE DOWNLOADED IN THE DOCUMENTS SECTION OF THE WEBSITE, WWW.HEALTHINSURANCEINNOVATIONSFAIRFUND.COM.

THE DEADLINE TO SUBMIT A CLAIM FORM AT THE ADDRESS BELOW IS MARCH 28, 2024, ALSO REFERENCED HEREIN AS THE “CLAIMS BAR DATE”. PLEASE NOTE: THIS IS A FIRM DEADLINE. IF YOU FAIL TO SUBMIT A COMPLETED CLAIM FORM ELECTRONICALLY OR POSTMARKED ON OR BEFORE MARCH 28, 2024, YOU MAY BE BARRED FROM RECEIVING A PAYMENT FROM THE FAIR FUND. THE CLAIM FORM AND APPROPRIATE SUPPORTING DOCUMENTS FOR EACH TRANSACTION LISTED IN PARTS II–III OF THE CLAIM FORM MUST BE SUBMITTED BEFORE THE CLAIMS BAR DATE.

V. Claim Determinations

The Fund Administrator will send a Claim Status Notice within 60 days of the Claims Bar Date to all Preliminary Claimants that submitted a Claim Form. The Claim Status Notice will set forth the Fund Administrator’s determination of the eligibility of the claim. If a claim is denied in whole or in part, the Fund Administrator will state the reason for such denial. Preliminary Claimants with deficient or denied claims will be given an opportunity to cure the deficiency or seek reconsideration of the denial.

The Fund Administrator will send, as appropriate, a Final Determination Notice to any Preliminary Claimants who responded to the Claim Status Notice in an effort to cure a deficiency or to seek reconsideration of a denied claim, or otherwise dispute the Fund Administrator’s determination, notifying the Preliminary Claimant of its determination.

VI. Instructions for Submitting a Claim Form

YOU MUST COMPLETE AND SIGN THE CLAIM FORM AND SUBMIT IT TO THE FUND ADMINISTRATOR ELECTRONICALLY THROUGH THE FAIR FUND’S WEBSITE. IF YOU SUBMIT YOUR CLAIM BY MAIL, IT MUST BE RECEIVED OR POSTMARKED NO LATER THAN MARCH 28, 2024, AT THE ADDRESS LISTED BELOW IN ORDER TO BE CONSIDERED FOR ELIGIBILITY TO RECEIVE A DISTRIBUTION PAYMENT FROM THE FAIR FUND:

**Health Insurance Innovations, Inc. Fair Fund
Fund Administrator
PO Box 4349
Portland, OR 97208-4349**

VII. Additional Information

Additional information regarding the Fair Fund may be found at www.HealthInsuranceInnovationsFairFund.com. Additional Claim Forms and Plan Notices may also be downloaded at the Fair Fund’s website. You may obtain additional information or request copies of Claim Forms and Plan Notices by calling the Fair Fund’s toll-free number at 1-877-676-3395, or by emailing info@HealthInsuranceInnovationsFairFund.com.

PLEASE CHECK THE WEBSITE WWW.HEALTHINSURANCEINNOVATIONSFAIRFUND.COM FREQUENTLY FOR UPDATES.