State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000127838

2. Name of Corporation HealthPlan Services Insurance Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 10 GILMORE ROAD
City or Town: SOUTHBOROUGH State: MA Zip: 01772 Country: USA

4. Business Phone No.

813-289-1000

5. State of Incorporation

State: MA

6. Brief Description of the Character of Business Conducted in Rhode Island

SMALL GROUP LIFE AND HEALTH AND LONG TERM CARE INSURANCE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ARTHUR T SCHULTZ	3501 FRONTAGE RD TAMAP, FL 33607 USA
SECRETARY	STEVEN V HULSLANDER	3501 FRONTAGE RD TAMPA, FL 33607 USA
CFO	MICHAEL R WHITTON	3501 FRONTAGE RD TAMPA, FL 33607 USA
SVP	GREGORY C FISHER	3501 FRONTAGE RD TAMPA, FL 33607 USA
PRESIDENT	STEVEN V HULSLANDER	3501 FRONTAGE ROAD TAMPA, FL 33607- USA
DIRECTOR	JEFFERY W BAK	3501 FRONTAGE RD TAMPA, FL 33607 USA
DIRECTOR	STEVEN D COSLER	333 W. WACKER DR. #1620 CHICAGO, IL 60606 USA
DIRECTOR	NED H VILLERS	333 W. WACKER DR. #1620 CHICAGO, IL 60606 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$0.01	100,000.00	100000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 13 Day of January, 2011 at 12:02:20 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By STEVEN V. HULSLANDER
Signature of Authorized Representative of the Corporation

PRESIDENT
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07