



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

DEC 26 2017

BY 118956

1. Entity ID Number 127838		2. Exact name of the Corporation HealthPlan Services Insurance Agency Inc.										
3. Principal Office Address 3501 E Frontage Rd.		City Tampa	State FL									
		Zip 33607										
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island Broker of Insurance											
5. State of Incorporation Florida												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>												
President Name Please see attachment #1		Vice-President Name										
Street Address		Street Address										
City	State	Zip	City									
City	State	Zip	City									
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip	City									
City	State	Zip	City									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>												
Director Name Please see attachment #1		Director Name										
Street Address		Street Address										
City	State	Zip	City									
City	State	Zip	City									
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip	City									
City	State	Zip	City									
9. Shares Authorized		10. Shares issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	N/A	N/A	N/A			
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N/A	N/A	N/A										
Changes require an additional filing.												
11. 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.												
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.												
Name of Authorized Representative Jeffery W. Bak		Date 12/14/2017										
Signature of Authorized Representative 												
SIGN DOCUMENT HERE												

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

Officers & Directors: Names, Titles, & Addresses:

Jeffery W. Bak	- President & CEO -	3501 E Frontage Rd. Tampa, FL 33607
Nagendra Bandaru	- Director & Vice President-	15455 Dallas Parkway, Ste 1450, Addison, TX 75001
Ashish Chawla	- Director & Vice President-	2 Tower Center Blvd. Ste 2200, East Brunswick, NJ 08816
N.S. Balasubramanian	- Director & Vice President-	425 National Ave. Ste 200, Mountain View, CA 94043

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