



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

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

**Certificate Request Form**

**Request Information**

ID	ENTITY NAME	CERTIFICATE TYPE
000506741	HealthPartners Administrators, Inc.	Certificate of Good Standing

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: Mary Reuter

Business Name: HealthPartners

No. and Street: 8170 33rd Ave. S.  
MS 21114A

City or Town: Bloomington State: MN Zip: 55425 Country: USA

Contact Phone: 952-883-5196 ext:

Contact Email: marylyn.a.reuter@healthpartners.com

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**