



**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

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. ID No. 001684435

2. Exact Name of the Limited Liability Company HealthPlan Services Insurance Agency, LLC

3. State of Formation

State: MA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

NATIONALLY LICENSED INSURANCE AGENCY

5. Principal Office Address

No. and Street: 6700 LAKEVIEW CENTER DRIVE
ATTN: LEGAL DEPARTMENT

City or Town: TAMPA

State: FL Zip: 33619 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ATTN: LEGAL DEPARTMENT Contact Title:

No. and Street: 6700 LAKEVIEW CENTER DR.

City or Town: TAMPA

State: FL Zip: 33619 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JEFFREY W. BAK	6700 LAKEVIEW CENTER DRIVE TAMPA, FL 33619 USA

MANAGER	SUSAN R MOLINA	6700 LAKEVIEW CENTER DR. TAMPA, FL 33619 USA
MANAGER	ASHISH CHAWLA	2 TOWER CENTER BLVD. STE 2200 EAST BRUNSWICK, NJ 08816 USA
MANAGER	N.S. BALASUBRAMANIAN	425 NATIONAL AVE. STE 200 MOUNTAIN VIEW, CA 94043 USA
MANAGER	NAGENDRA BANDARU	5445 LEGACY DR. STE 300 PLANO, TX 75024 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of January, 2019 at 1:34:10 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SUSAN R. MOLINA
Signature of Authorized Person

Form No. 632
Revised 09/07

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