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-						
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.1.G.L. 7-16-68(d), each limited liability company failing or refusing to lio tes annual report with mitry (20) days after the time presenbed 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. 001661188         2. Exact Name of the Limited Liability Company Premier Health Solutions, LLC         3. State of Formation State: TX         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         State: TX Zip: 75034 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: RANDI HALUPTZOK Contact Title: DIRECTOR OF COMPLIANCE No. and Street: 6801 GAYLORD PARKWAY, SUITE 402 City or Town: FRISCO         State: TX Zip: 75034 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: RANDI HALUPTZOK Contact Title: DIRECTOR OF COMPLIANCE No. and Street: 6801 GAYLORD PARKWAY, SUITE 402 City or Town: FRISCO       State: TX Z	s s			Fee: \$50.00		
(401) 222-3040         Limited Liability Company 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 life its annual report with intry (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. 001661188         2. Exact Name of the Limited Liability Company Premier Health Solutions, LLC         3. State of Formation State: IX         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         SALE AND MARKETING OF INSURED AND NON-INSURED BENEFIT PRODUCTS         5. Principal Office Address         No. and Street: 6801 GAYLORD PARKWAY, SUITE 402 City or Town: FRISCO       State: TX zip: 75034 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: RANDI HALUPTZOK Contact Title: DIRECTOR OF COMPLIANCE No. and Street: 6801 GAYLORD PARKWAY, SUITE 402 City or Town: FRISCO       State: TX zip: 75034 Country: USA         1. Name and Address of Each Manager		148 W. River St	treet			
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 folio its annual report within thy (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a ponalty fee of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No.       001661188         2. Exact Name of the Limited Liability Company Premier Health Solutions, LLC         3. State of Formation         State: TX         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         SALE AND MARKETING OF INSURED AND NON-INSURED BENEFIT PRODUCTS         5. Principal Office Address         No. and Street: 6801 GAYLORD PARKWAY, SUITE 402         City or Town: ERISCO       State: TX Zip: 75034 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: RANDI HALUPTZOK Contact Title: DIRECTOR OF COMPLIANCE         No. and Street: 6801 GAYLORD PARKWAY, SUITE 402         City or Town: ERISCO         State: TX Zip: 75034 Country: US	HOPE					
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-86(b&c)) is subject to a penalty fee of \$25.00 ANNUAL REPORT YEAR: 2019 1. ID No. 001661188 2. Exact Name of the Limited Liability Company Premier Health Solutions, LLC 3. State of Formation State: TX 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 SALE AND MARKETING OF INSURED AND NON-INSURED BENEFIT PRODUCTS 5. Principal Office Address No. and Street: 6801 GAYLORD PARKWAY, SUITE 402 City or Town: FRISCO State: TX Zip: 75034 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: RANDI HALUPTZOK Contact Title: DIRECTOR OF COMPLIANCE No. and Street: 6801 GAYLORD PARKWAY, SUITE 402 City or Town: FRISCO State: TX Zip: 75034 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address, City or Town, State, Zip Code, Country	Annual Report					
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No. and Street: <u>6801 GAYLORD PARKWAY, SUITE 402</u> City or Town: <u>FRISCO</u> State: <u>TX</u> Zip: <u>75034</u> Country: <u>USA</u> <b>6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:</b> Contact Name: <u>RANDI HALUPTZOK</u> Contact Name: <u>RANDI HALUPTZOK</u> No. and Street: <u>6801 GAYLORD PARKWAY, SUITE 402</u> City or Town: <u>FRISCO</u> State: <u>TX</u> Zip: <u>75034</u> Country: <u>USA</u> <b>7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.</b> DO NOT LIST MEMBERS <u>Individual Name</u> First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	SALE AND MARKETING OF INSURED AND NON-INSURED BENEFIT PRODUCTS					
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Contact Name:       RANDI HALUPTZOK Contact Title:       DIRECTOR OF COMPLIANCE         No. and Street:       6801 GAYLORD PARKWAY, SUITE 402         City or Town:       FRISCO       State: TX Zip: 75034 Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country				Country: <u>USA</u>		
No. and Street:       6801 GAYLORD PARKWAY, SUITE 402         City or Town:       FRISCO         State:       TX         Zip:       75034 Country:         USA       State:         Title       Individual Name         First, Middle, Last, Suffix       Address         Address, City or Town, State, Zip Code, Country	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	No. and Street: 6801 GAYLORD PARKWAY, SUITE 402					
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country						
	Title					
8 RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, State, Zip	Lode, Country		
	8. RESIDENT AGENT IN F					

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 31 Day of July, 2019 at 12:46:09 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 CHRISTY FORTENBERRY

Signature of Authorized Person

Form No. 632 Revised 09/07

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