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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2018
Limited Liability Company

2020 SEP 22 PM 4: 02

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000557736	Exact name of the Limited Liability Company UNIVERSAL BENEFITS, LLC					
3. NAICS Code 524292	Brief description of the character of business conducted in Rhode Island THIRD PARTY ADMIN					
5. State of Formation IOWA						
6. Principal Office Address 4333 EDGEWOOD RD NE			City CEDAR RAPIDS	State IA	Zip 52499	
7. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person			
Contact Name ATTN: CORPORATE SECRETARIAL			Contact Title			
Street Address 100 LIGHT STREET FL B1			City BALTIMORE	State MD	Zip 21202	
8. List ALL managers (names a		of the Limited Lia	bility Company, IF APPLICABL	LE - DO NOT LIST M	EMBERS	
Manager Name JOSEPH NOONE			Manager Name			
Street Address 100 LIGHT STREET FL B1			Street Address			
City BALTIMORE	State MD	Zip 21202	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
	<u> </u>			Check the box to in	dicate an attachment	
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
Under penalty of perjury, I dec statements, and that all states				any accompanying	schedules and	
Name of Authorized Person				Date	Date	
GREGORY E. MILLER-BREETZ				9/22/202	9/22/2020	
Signature of Authorized Person Gryony E. Miller-Bru	tη					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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FORM 632 - Revised: 08/2020