



**State of Rhode Island  
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:** 2020

**1. ID No.** 001696553

**2. Exact Name of the Limited Liability Company** Partners HealthCare Insurance Holding Company 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.

551112

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

THE PURPOSE OF THE COMPANY IS (I) TO INVEST IN, ACQUIRE AND HOLD INTEREST IN EQUITIES EITHER PRESENTLY EXISTING OR TO BE CREATED IN THE FUTURE; AND (II) TO CONDUCT ANY LAWFUL BUSINESS FOR WHICH LIMITED LIABILITY COMPANIES MAY BE ORGANIZED AND TO DO ALL THINGS NECESSARY OR USEFUL IN CONNECTION WITH THE FOREGOING. THE COMPANY WILL NOT FUNCTION AS AN INSURANCE PRODUCER.

**5. Principal Office Address**

No. and Street: 399 REVOLUTION DRIVE, SUITE 918

City or Town: SOMERVILLE

State: MA Zip: 02145 Country: USA

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

Contact Name: Contact Title:

No. and Street: 399 REVOLUTION DRIVE, SUITE 918

City or Town: SOMERVILLE

State: MA Zip: 02145 Country: USA

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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	DAVID H. SEGAL	399 REVOLUTION DRIVE, SUITE 918 SOMERVILLE, MA 02145 USA
MANAGER	MATTHEW FISHMAN	800 BOYLSTON STREET, SUITE 1150 BOSTON, MA 02199 USA
MANAGER	ANNE M. WILKINS	714 STONEWATER BLVD. FRANKLIN, TN 37064 USA
MANAGER	RICHARD E. HOLBROOK	399 REVOLUTION DRIVE, SUITE 918 SOMERVILLE, MA 02145 USA
MANAGER	JAMES W. HUNT JR.	399 REVOLUTION DRIVE, SUITE 918 SOMERVILLE, MA 02145 USA
MANAGER	A. ANTHONY JAMES	399 REVOLUTION DRIVE, SUITE 918 SOMERVILLE, MA 02145 USA
MANAGER	ANTONIA G. MCGUIRE	399 REVOLUTION DRIVE, SUITE 918 SOMERVILLE, MA 02145 USA
MANAGER	G. NEAL RYLAND	399 REVOLUTION DRIVE, SUITE 918 SOMERVILLE, MA 02145 USA
MANAGER	ALLEN L. SMITH M.D., M.S	399 REVOLUTION DRIVE, SUITE 918 SOMERVILLE, MA 02145 USA
MANAGER	STEVEN J. TRINGALE	399 REVOLUTION DRIVE, SUITE 918 SOMERVILLE, MA 02145 USA
MANAGER	MICHAEL J. WIDMER	399 REVOLUTION DRIVE, SUITE 918 SOMERVILLE, MA 02145 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

*Signed this 30 Day of September, 2020 at 7:34:08 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 DARETH JEFFERS  
Signature of Authorized Person

Form No. 632  
Revised 09/07