



**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: 2021

1. ID No. 001696372

2. Exact Name of the Limited Liability Company Exemplar Health Benefits Administrator, LLC

3. State of Formation

State: NC

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.

524292

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

EXEMPLAR HEALTH BENEFITS ADMINISTRATOR IS A NEWLY CREATED THIRD PARTY ADMINISTRATOR (TPA) AIMED AT PROVIDING HEALTHCARE BENEFITS MANAGEMENT TO SELF-FUNDED EMPLOYER GROUPS IN THE STATE OF NORTH CAROLINA. TPA OFFERINGS WILL INCLUDE, BUT NOT LIMITED TO; MEDICAL AND PRESCRIPTION PLANS, CONSUMER DIRECTED OPTIONS SUCH AS HSAS, FSAS AND HRAS, VISION AND DENTAL PLANS AND SHORT/LONG TERM DISABILITY PLANS. AS EXEMPLAR HEALTH BENEFITS CONTINUES TO GROW, IT WILL LOOK TO BE LICENSED NATIONWIDE. EXEMPLAR HEALTH BENEFITS WILL INITIALLY CONTRACT WITH A LICENSED TPA TO UTILIZE PROCESSING SERVICES TO INCLUDE ENROLLMENT, CLAIMS PROCESSING, INVOICE BILLING AND DATA COLLECTION. UTILIZING CURRENT CUTTING EDGE TECHNOLOGY, EXEMPLAR HEALTH BENEFITS WILL BEGIN OBTAINING ALL NECESSARY MODULES TO BRING THE EXEMPLAR HEALTH BENEFITS TPA SERVICES IN HOUSE, IN LIEU OF CONTRACTING OUT THE SERVICES. ADDITIONAL STAFF WILL BE ADDED TO MEET THE NEEDS OF THE SPECIFIC FUNCTIONS AS DEEMED NECESSARY. INITIAL STAFFING WILL CONSIST OF A MINIMUM OF TWO (2) EMPLOYEES. THERE WILL BE A NEED FOR PERSONNEL TO HANDLE EMPLOYER RELATIONSHIPS, MEMBER RELATIONSHIPS, BROKER/INSURANCE RELATIONSHIPS, ACCOUNT MANAGERS FOR DAY TO DAY OPERATIONS, SYSTEM OPERATIONS AND OTHER POSITIONS AS THEY ARE DEVELOPED. THIS WILL BE DONE

IN PHASES TO ASSURE STABILITY.

5. Principal Office Address

No. and Street: 1107 WEST MARKET CENTER DRIVE

City or Town: HIGH POINT

State: NC Zip: 27260 Country: USA

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

Contact Name: Contact Title:

No. and Street: 1107 WEST MARKET CENTER DRIVE

City or Town: HIGH POINT

State: NC Zip: 27260 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
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

INCORP SERVICES, INC. 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 22 Day of December, 2020 at 11:42:24 AM 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 THERESA E. DIXON
Signature of Authorized Person

Form No. 632
Revised 09/07