	State of Rhode Office of the Secreta		Fee: \$50.00				
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	Services reet 4-2615					
Foreign Business Corpora Annual Report Filing Period: January 1 - March 1	ation						
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee o	s after the time prescribed by la						
ANNUAL REPORT YEAR: 2021							
1. Corporate ID No. 000117036							
2. Name of Corporation HealthScope Benefits, Inc.							
3. Street Address Principal Business Office:							
No. and Street:27 CORPORATE HILL DRIVECity or Town:LITTLE ROCKState:ARZip:72205Country:USA							
4. Business Phone No.							
5. State of Incorporation							
State: <u>DE</u>							
	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.							
<u>524210</u>							
6. Brief Description of the Character of Business Conducted in Rhode Island							
THIRD PARTY ADMINISTRATOR, HEALTHCARE MANAGEMENT FIRM PROVIDING OUR SELF- FUNDED CLIENTS WITH THE TOOLS AND SERVICES NEEDED TO EFFECTIVELY MANAGE THEIR PLANS							
7. Names and Addresses of the Officers and Directors:							
All officers and directors must be listed.							
Title	Individual Name	Address					

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	SCOTT WILLIAM HOGAN	11 SCOTT STREET WAUSAU, WI 54403 USA
TREASURER	PETER MARSHALL GILL	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
SECRETARY	KIMBERLY MARIE HIATT	5151 PFEIFFER ROAD CINCINNATI, OH 45242 USA
CFO	BRUCE PAUL CZECH	11 SCOTT STREET WAUSAU, WI 54403 USA
DIRECTOR	BRUCE PAUL CZECH	11 SCOTT STREET WAUSAU, WI 54403 USA
DIRECTOR	SCOTT WILLIAM HOGAN	11 SCOTT STREET WAUSAU, WI 54403 USA

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
PWP		\$0.0100	2,750,000.00	800
CWP		\$0.0100	5,500,000.00	100000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**Signed this 26 Day of February, 2021 at 12:04:38 AM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By KELLY LETTMANN

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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