



State of Rhode Island
Department of State - Business Services Division

Application for Certificate of Authority
 FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: HPHC INSURANCE COMPANY, INC.		
2. It is incorporated under the laws of: MASSACHUSETTS		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 9/27/1991		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 1 WELLNESS WAY, CANTON, MA 02021-1166		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name CT CORPORATION SYSTEM		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway Ste 7A		
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code 02914

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 1/20
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 BY MS SERRA

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
PROMOTING THE DELIVERY OF HEALTH CARE SERVICES

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT		
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue: itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
50,000	COMMON		\$50.00

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)
 0 _____ %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)
 0 _____ %

HPHC INSURANCE COMPANY, INC.

OFFICERS

Cain Hayes
President & CEO
1 Wellness Way, Canton, MA 02021-1166

Umesh Kurpad
Chief Financial Officer
1 Wellness Way, Canton, MA 02021-1166

Mark Porter
Treasurer
1 Wellness Way, Canton, MA 02021-1166

Susan A. Kee
Clerk/Secretary
1 Wellness Way, Canton, MA 02021-1166

DIRECTORS

Cain Hayes
1 Wellness Way, Canton, MA 02021-1166

Umesh Kurpad
1 Wellness Way, Canton, MA 02021-1166

Tisa K. Hughes
1 Wellness Way, Canton, MA 02021-1166

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer	Date
Susan Kee	01/09/2023
Signature of Authorized Officer of the Corporation	
<i>Susan Kee</i>	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



COMMONWEALTH OF MASSACHUSETTS
 Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

1000 Washington Street, Suite 810 • Boston, MA 02118-6200

(617) 521-7794 • Toll-free (877) 563-4467

<https://www.mass.gov/doi>

CERTIFICATE OF COMPLIANCE

This is to certify that as of October 19, 2022

HPHC Insurance Company, Inc.

NAIC #18975

is duly organized under the laws of the State/Commonwealth of Massachusetts and that it is authorized to transact the business of insurance and issue policies under the sections of Chapter 175 of the General Laws of Massachusetts and amendments thereto described by the following designations:

54BX 54D 6A 6B

DESIGNATION CODES:

- | | |
|--|---|
| 1 - Fire | 15 - Reinsurance (Reinsurance Companies Only) |
| 2A - Ocean and Inland Marine | 16A A - Life - All Kinds |
| 2B - Inland Marine Only | 16B B - Group Life Only |
| 4 - Fidelity and Surety | 16C C - Variable Annuity Authorization |
| 5A - Boiler | 16D D - Annuities Only |
| 5B - Boiler (No Inspector) | 16E E - Variable Life Authorization |
| 6A - Accident - All Kinds | 17 - Repair - Replacement |
| 6B - Health - All Kinds | 19 - Legal Services |
| 6C - Group Accident and Health | 20 - Credit Involuntary Unemployment |
| 6D - Non-Can. Accident and Health | 51 - Stock Companies (Extension of Coverage) |
| 6E - Workers' Compensation | 54 - Mutual Companies (Not Specified in Section 47) |
| 6F - Liability Other Than Auto | 54BX BX - Reinsurance Except Life |
| 6G - Auto Liability | 54BY BY - Nuclear Energy |
| 7 - Glass | 54BZ BZ - Special Hazards |
| 8 - Water Damage and Sprinkler Leakage | 54C C - Comprehensive M.V. and Aircraft |
| 9 - Elevator Property Damage and Collision | 54D D - Personal Property Floater |
| 10 - Credit | 54E E - Dwellings |
| 11 - Title | 54F F - Commercial Property |
| 12 - Burglary, Robbery, Theft | 54G G - Reinsurance - Life Companies Only |
| 13 - Livestock | |

In witness whereof, the Commissioner of Insurance of the Commonwealth of Massachusetts has caused this certificate to be signed and the seal of said Commissioner to be affixed hereto at the city of Boston, this October 19, 2022



Gary D. Anderson
 Commissioner of Insurance



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

January 20, 2023 11:28 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

