State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
001070241	HEALTH PLAN INTERMEDIARIES HOLDINGS, LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Domenick DiCicco
Business Name:
No. and Street: 3450 Buschwood Park Drive
Suite 200
City or Town: Tampa State: FL Zip: 33611 Country: USA
Contact Phone: ext:
Contact Email: corpaffairs@bfyt.com