



**State of Rhode Island
Office of the Secretary of State**

No Fee

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

**Foreign Limited Liability Company
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), 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.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2022

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.

5. Principal Office Address

No. and Street: 1107 W 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: KIRBY LOPP Contact Title: CEO

No. and Street: 1107 W MARKET CENTER DRIVE

City or Town: HIGH POINT

State: NC Zip: 27260 Country: USA

**7. 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

Signed this 24 Day of March, 2023 at 9:12:36 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 KIRBY LOPP

Signature of Authorized Person

Form No. 632
Revised 09/07

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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:

March 24, 2023 09:11 AM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

