



**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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