



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

Fee: \$310.00

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

Foreign Corporation

Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is HealthPlan Services, Inc.

SECTION II

It is incorporated under the laws of State: FL Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island*
OR

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 8/10/1972

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 4110 GEORGE ROAD

City or Town: TAMPA State: FL Zip: 33634 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD

SUITE 200

City or Town: WARWICK State: RI Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is CSC

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

THIRD-PARTY ADMINISTRATOR

SECTION VIII

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES MAHER	4110 GEORGE ROAD TAMPA, FL 33634 USA
TREASURER	MOHIT BANSAL	4110 GEORGE ROAD TAMPA, FL 33634 USA
SECRETARY	MOHIT BANSAL	4110 GEORGE ROAD TAMPA, FL 33634 USA
CEO	JAMES MAHER	4110 GEORGE ROAD TAMPA, FL 33634 USA
CFO	MOHIT BANSAL	4110 GEORGE ROAD TAMPA, FL 33634 USA
VICE PRESIDENT	MOHAMMAD HAQUE	2 TOWER CENTER BOULEVARD SUITE 2200 EAST BRUNSWICK, NJ 08816 USA
ASSISTANT SECRETARY	JAIME NAJERA	780 BROOKSEDGE PLAZA DRIVE WESTERVILLE, OH 43081 USA
DIRECTOR	MOHIT BANSAL	4110 GEORGE ROAD TAMPA, FL 33634 USA
DIRECTOR	NAGENDRA BANDARU	5445 LEGACY DRIVE SUITE 300 PLANO, TX 75024 USA
DIRECTOR	MOHAMMAD HAQUE	2 TOWER CENTER BOULEVARD SUITE 2200 EAST BRUNSWICK, NJ 08816 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES MAHER	4110 GEORGE ROAD TAMPA, FL 33634 USA
TREASURER	MOHIT BANSAL	4110 GEORGE ROAD TAMPA, FL 33634 USA
SECRETARY	MOHIT BANSAL	4110 GEORGE ROAD TAMPA, FL 33634 USA
CEO	JAMES MAHER	4110 GEORGE ROAD TAMPA, FL 33634 USA
CFO	MOHIT BANSAL	4110 GEORGE ROAD TAMPA, FL 33634 USA
VICE PRESIDENT	MOHAMMAD HAQUE	2 TOWER CENTER BOULEVARD SUITE 2200 EAST BRUNSWICK, NJ 08816 USA
ASSISTANT SECRETARY	JAIME NAJERA	780 BROOKSEDGE PLAZA DRIVE WESTERVILLE, OH 43081 USA
DIRECTOR	MOHIT BANSAL	4110 GEORGE ROAD TAMPA, FL 33634 USA

DIRECTOR	NAGENDRA BANDARU	5445 LEGACY DRIVE SUITE 300 PLANO, TX 75024 USA
DIRECTOR	MOHAMMAD HAQUE	2 TOWER CENTER BOULEVARD SUITE 2200 EAST BRUNSWICK, NJ 08816 USA

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP			\$0.0100	1,000.00

Signed this 24 Day of April, 2023 at 10:32:20 AM by the officers(s). *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.*

By JAMES MAHER

Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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State of Florida

Department of State

I certify from the records of this office that HEALTHPLAN SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on August 10, 1972.

The document number of this corporation is 406663.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on April 6, 2023, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Sixth day of April, 2023*




Secretary of State

Tracking Number: 3753669982CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



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:

April 24, 2023 10:30 AM

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

Gregg M. Amore
Secretary of State

