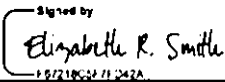


**State of Rhode Island  
Department of State - Business Services Division****Annual Report for the year:** 2024  
**Limited Liability Company**

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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FOR  
SECRETARY OF STATE  
USE ONLY

|                                                                                                                                                                                                                |  |                                                                                                                                |                                    |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------|
| 1. Entity ID Number<br><b>001709428</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>Transamerica Health Savings Solutions, LLC</b>                            |                                    |                     |
| 3. NAICS Code<br><b>522120</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Health Savings Account Solutions</b>         |                                    |                     |
| 5. State of Formation<br><b>Delaware</b>                                                                                                                                                                       |  |                                                                                                                                |                                    |                     |
| 6. Principal Office Address<br><b>6400 C Street SW</b>                                                                                                                                                         |  | City<br><b>Cedar Rapids</b>                                                                                                    | State<br><b>IA</b>                 | Zip<br><b>52499</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                |                                    |                     |
| Contact Name<br><b>Katlyn Mayhew</b>                                                                                                                                                                           |  | Contact Title<br><b>Legal Specialist</b>                                                                                       |                                    |                     |
| Street Address<br><b>6400 C Street SW</b>                                                                                                                                                                      |  | City<br><b>Cedar Rapids</b>                                                                                                    | State<br><b>IA</b>                 | Zip<br><b>52499</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                                |                                    |                     |
| 9. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i> |  |                                                                                                                                |                                    |                     |
| Name of Authorized Person<br><b>Elizabeth R. Smith</b>                                                                                                                                                         |  |                                                                                                                                | Date<br><b>6/5/2025   1:33 PDT</b> |                     |
| Signature of Authorized Person                                                                                                                                                                                 |  | Signed by<br><br><b>Assistant Secretary</b> |                                    |                     |

**MAIL TO:**

**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED 3:41p****JUN 09 2025****CBY BY Fm8Ay**