Docusign Envelope ID: 7932E415-425B-4489-A653-2D9704AB589D

State of Rhode Island
Department of State - Business Services Division

RECD RIDOS BSD '25 JUN 9 PM 3:39:10

STAMP FOR SECRETARY OF STATE USE ONLY

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001709428	Transamerica Health Savings Solutions, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
522120	Health Savings Account Solutions		
5. State of Formation			
Delaware			
6. Principal Office Address	City	State	Zip
6400 C Street SW	Cedar Rapids	IA	52499
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Katlyn Mayhew	Contact Title: Legal Specialist		
Street Address: 6400 C Street SW	City: Cedar Rapids	State: IA	Zip: 52499
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. ***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.***			
Name of Authorized Person: Elizabeth R. Smith		Date: 6/5/2025 | 1:33 PDT	
Signature of Authorized Person: Signed by Elizabeth R. Smith	Assistant Secretary		

FILED 3:41P
JUN 09 2025
BY JmSAy

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