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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022 **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 522120 | Brief description of the character of business conducted in Rhode Island Health Savings Account Solutions | | | |
| 5. State of Formation Delaware | | | | |
| 6. Principal Office Address | Cit | у | State | Zip |
| 6400 C Street SW | C | edar Rapids | IA | 52499 |
| 7. Mailing Address of Limited | Liability Company and Name or Title of C | ontact Person | | |
| Contact Name Katlyn Mayhew | | Contact Title Legal Specialist | | |
| Street Address 6400 C Street SW | | Y Cedar Rapids | State | ^{Z_{ip}} 52499 |
| 8. The Resident Agent inform | nation currently of record with the RI Depa | rtment of State is accura | ite. Changes requir | e filing Form 642. |
| | r, I declare and affirm that I have examinatements contained herein are true and | | ng any accompan | ying schedules and |
| Name of Authorized Person | | | Date 6/5/2025 1:33 PDT | |
| Elizabeth R. Smith | | | 0/3 | /2023 1.33 PDI |
| Signature of Authorized Person — signed by: Elizabeth R. Smith | | | Assistant Secretary | |

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JIJN 09 2025



MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov