RI SOS Filing Number: 202576167510 Date: 6/18/2025 1:15:00 PM



State of Rhode Island Department of State - Business Services Division

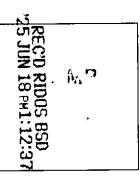
Annual Report for the year: Limited Liability Company

2024

→ 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			
001725339	Imagine 360 Administrators, LLC			
3. NAICS Code 524292	Brief description of the character of business conducted in Rhode Island Third Party Administration of Insurance			
5. State of Formation TX				
6. Principal Office Address		City	State	Zip
12770 Merit Drive, Suite 200		Dallas	Texas	75251
7. Mailing Address of Limiter	Liability Company and Name	or Title of Contact Person		
Contact Name Consuelo A. Florence		Contact Title Sr. Contract Admin		
Street Address 1550 Liberty Ridge Dr., Suite 330		City Wayne	State PA	Zip 19087
8. The Resident Agent infor	nation currently of record with t	the RI Department of State is ac	ccurate. Changes requir	e filing Form 642.
9. Under penalty of perjury		ave examined this report, inc		
Name of Authorized Person			Date	
Troy Sisum			4-17-25	
Signature of Authorized Per	son TRODIZ-			

MAIL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

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



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