

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000079235

Entity Name: HEALTHPLAN SERVICES INSURANCE AGENCY, LLC

Current Principal Place of Business:

6700 LAKEVIEW CENTER DRIVE
ATTN: LEGAL DEPARTMENT
TAMPA, FL 33619

Current Mailing Address:

P.O. BOX 30098
ATTN: LEGAL DEPT.
TAMPA, FL 33630-3098 US

FEI Number: 04-2492425

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	BANSAL, MOHIT
Address	6700 LAKEVIEW CENTER DRIVE
City-State-Zip:	TAMPA FL 33619
Title	MANAGER
Name	GUHA, ANGAN
Address	1114 AVENUE OF THE AMERICAS 30TH FLOOR
City-State-Zip:	NEW YORK NY 10036
Title	ASST. SECRETARY
Name	TATUM, RICHARD
Address	6700 LAKEVIEW CENTER DRIVE
City-State-Zip:	TAMPA FL 33619

Title	MANAGER
Name	BANDARU, NAGENDRA
Address	5445 LEGACY DR. STE 300
City-State-Zip:	PLANO TX 75024
Title	MANAGER
Name	NAJERA, JAIME
Address	780 BROOKSEdge PLAZA DR
City-State-Zip:	WESTERVILLE OH 43081
Title	PRESIDENT
Name	MAHER , JAMES
Address	6700 LAKEVIEW CENTER DRIVE ATTN: LEGAL DEPARTMENT
City-State-Zip:	TAMPA FL 33619

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD TATUM _____

ASSISTANT SECRETARY 08/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date