

**2021 FLORIDA LIMITED LIABILITY COMPANY 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: Yes**

**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        2 TOWER CENTER BLVD. SUITE 2200  
City-State-Zip: EAST BRUNSWICK NJ 08816

Title           MANAGER  
Name           BALASUBRAMANIAN, N.S.  
Address        425 NATIONAL AVE.  
                  STE 200  
City-State-Zip: MOUNTAIN VIEW CA 94043

Title           MANAGER  
Name           BANDARU, NAGENDRA  
Address        5445 LEGACY DR.  
                  STE 300  
City-State-Zip: PLANO TX 75024

Title           MANAGER  
Name           KUMAR, ANUJ  
Address        6700 LAKEVIEW CENTER DRIVE  
                  ATTN: LEGAL DEPARTMENT  
City-State-Zip: TAMPA FL 33619

Title           MANAGER  
Name           BRODSKY, COLMAN  
Address        6700 LAKEVIEW CENTER DRIVE  
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: ANUJ KUMAR**

**MANAGER**

**01/05/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date