

2019 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 CHAWLA, ASHISH
Address 2 TOWER CENTER BLVD STE 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 MOLINA, SUSAN
Address 6700 LAKEVIEW CENTER DRIVE
 ATTN: LEGAL DEPARTMENT
City-State-Zip: TAMPA FL 33619

Title MANAGER
Name MCLAUCHLIN, JAMES
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: SUSAN MOLINA

PRESIDENT & CEO

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date