

**2022 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         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            PRESIDENT  
Name            KUMAR, ANUJ  
Address         6700 LAKEVIEW CENTER DRIVE  
                  ATTN: LEGAL DEPARTMENT  
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            MANAGER  
Name            NAJERA, JAIME  
Address         780 BROOKSEEDGE PLAZA DR  
City-State-Zip: WESTERVILLE OH 43081

Title            ASST. SECRETARY  
Name            TATUM, RICHARD  
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**

**PRESIDENT**

**04/25/2022**

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

\_\_\_\_\_  
Date