

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000004354

Entity Name: ZAFFRE HEALTH PLAN SOLUTIONS LLC

Current Principal Place of Business:

101 HUNTINGTON AVE.
SUITE 1300
BOSTON, MA 02199

Current Mailing Address:

101 HUNTINGTON AVE.
SUITE 1300
BOSTON, MA 02199 US

FEI Number: 84-3770181

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 SANTANGELO, ANDREANA
Address 101 HUNTINGTON AVE.
 SUITE 1300
City-State-Zip: BOSTON MA 02199

Title MANAGER
Name GILLIGAN, PATRICK
Address 101 HUNTINGTON AVE.
 SUITE 1300
City-State-Zip: BOSTON MA 02199

Title MANAGER
Name DREYFUS, ANDREW C.
Address 101 HUNTINGTON AVE.
 STE:1300
City-State-Zip: BOSTON MA 02199

Title MANAGER
Name YALE, PHYLLIS R.
Address 101 HUNTINGTON AVE.
 STE:1300
City-State-Zip: BOSTON MA 02199

Title MANAGER
Name SWEENEY, TIMOTHY
Address 101 HUNTINGTON AVE.
 STE:1300
City-State-Zip: BOSTON MA 02199

Title MANAGER
Name SAVERY , DONALD
Address 101 HUNTINGTON AVE.
 SUITE 1300
City-State-Zip: BOSTON MA 02199

Title MANAGER
Name ISELIN, SARAH
Address 101 HUNTINGTON AVE.
 SUITE 1300
City-State-Zip: BOSTON MA 02199

Title MANAGER
Name KAM, RUBY
Address 101 HUNTINGTON AVE.
 SUITE 1300
City-State-Zip: BOSTON MA 02199

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: PATRICK GILLIGAN

MANAGER

04/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date