

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002212

Entity Name: HEALTH PLAN ONE, INC.**Current Principal Place of Business:**35 NUTMEG DRIVE, SUITE 220
TRUMBULL, CT 06611**Current Mailing Address:**35 NUTMEG DRIVE, SUITE 220
TRUMBULL, CT 06611 US**FEI Number:** 26-2240193**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

Officer/Director Detail :

Title CEO, DIRECTOR, PRESIDENT
Name PAJAK, BEN
Address 35 NUTMEG DRIVE, SUITE 220
City-State-Zip: TRUMBULL CT 06611

Title TREASURER
Name PORTER, JASON
Address 35 NUTMEG DRIVE, SUITE 220
City-State-Zip: TRUMBULL CT 06611

Title DIRECTOR
Name LUNDBERG, THEODORE
Address 74 MORNINGSIDE DRIVE SOUTH
City-State-Zip: WESTPORT CT 06880

Title DIRECTOR
Name WEST, MARC
Address 14 CHRISTOPHER LANE
City-State-Zip: DAWSONVILLE GA 30534

Title SECRETARY
Name KAPLAN, STEPHEN
Address 35 NUTMEG DRIVE, SUITE 220
City-State-Zip: TRUMBULL CT 06611

Title DIRECTOR
Name AUERBACH, STEVEN
Address 29 COMMERCIAL STREET
City-State-Zip: PROVINCETOWN MA 02657

Title DIRECTOR
Name PETRZELA, MICHAL
Address 40 WEST 57TH STREET
22ND FLOOR
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name HILL, KEVIN R
Address 100 OCEAN BLVD
City-State-Zip: ATLANTIC HIGHLANDS NJ 07716

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BEN PAJAK**CHIEF EXECUTIVE
OFFICER****02/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FOREMAN, JAMES K
Address	8930 BAY COLONY DRIVE #1901 PH
City-State-Zip:	NAPLES FL 34108