**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 12, 2018**
**Secretary of State**
**CC6732590283**

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:**

STAPLETON, WILLIAM
4042 PARK OAKS BLVD
TAMPA, FL 33610 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 | D | Title | PD |
| Name | HILL, KEVIN | Name | STAPLETON, WILLIAM |
| Address | 58 FIRST AVE SUITE 202 | Address | 35 NUTMEG DRIVE, SUITE 220 |
| City-State-Zip: | ATLANTIC HIGHLANDS NJ 07716 | City-State-Zip: | TRUMBULL CT 06611 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | PELETON EQUITY, LP |
| Address | 10 GLENVILLE STREET |
| City-State-Zip: | GREENWICH CT 06831 |

*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: WILLIAM STAPLETON MEMBER 04/12/2018

Electronic Signature of Signing Officer/Director Detail — Date