

1.) CORPORATION NAME:

HealthPlan Services Insurance Agency, Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1746173**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3501 FRONTAGE RD

CITY/ST/ZIP: TAMPA, FL 33607

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ARTHUR T SCHULTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3501 FRONTAGE RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33607		

NAME:	STEVEN V HULSLANDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3501 FRONTAGE RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33607		

NAME:	STEPHEN M SAFT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3501 FRONTAGE RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33607		

NAME:	GREGORY C FISHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3501 FRONTAGE RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33607		

NAME:	KAREN MULROE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3501 FRONTAGE RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33607		

NAME:	STEPHEN M SAFT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	3501 FRONTAGE RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33607		

NAME:	JEFFERY W BAK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3501 FRONTAGE RD		
CITY/ST/ZIP/CO:	TAMPA, FL 33607		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ARTHUR T SCHULTZ	ARTHUR T SCHULTZ, DIRECTOR	3/19/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			