

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215513192

1.) CORPORATION NAME:

HealthPlan Services Insurance Agency, Inc.

DUE DATE: **4/30/2015**

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**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

RICHMOND, VA

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:	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		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN M SAFT DIRECTOR 3501 FRONTAGE RD TAMPA, FL 33607	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR T SCHULTZ DIRECTOR 3501 FRONTAGE RD TAMPA, FL 33607	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ STEVEN V HULSLANDER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN V HULSLANDER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/6/2015 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.			