

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000075668

**FILED**  
**May 01, 2018**  
**Secretary of State**  
**CC0890949495**

**Entity Name:** SIMPLY HEALTHCARE PLANS, INC.

**Current Principal Place of Business:**

9250 W FLAGLER STREET  
SUITE 600  
MIAMI , FL 33174

**Current Mailing Address:**

120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46204 US

**FEI Number:** 27-0945036

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, , FL 33324 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:** JAMES M. HALPIN

05/01/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT AND CEO  
Name RIVAS, LOURDES  
Address 9250 W FLAGLER STREET  
SUITE 600  
City-State-Zip: MIAMI FL 33174

Title DIRECTOR  
Name KELAGHAN, CATHERINE I.  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name BECK, CARTER A  
Address 1155 ELM STREET  
SUITE 200  
City-State-Zip: MANCHESTER NH 03101

Title SECRETARY  
Name KIEFER, KATHLEEN S  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER  
Name SCHER, VINCENT E  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. TREASURER  
Name NOBLE, ERIC K  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title CFO  
Name PRINCE, HOLLY JEAN  
Address 9250 W FLAGLER STREET  
SUITE 600  
City-State-Zip: MIAMI FL 33174

Title CHIEF MEDICAL OFFICER  
Name PANTONE, VINCENT  
Address 4343 ANCHOR PLAZA PARKWAY  
City-State-Zip: TAMPA FL 33634

*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:** KATHLEEN S KIEFER

SECRETARY

05/01/2018

Electronic Signature of Signing Officer/Director Detail

Date