

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M09000000528

Entity Name: EVERNORTH DIRECT HEALTH, LLC

Current Principal Place of Business:

900 COTTAGE GROVE RD.
BLOOMFIELD, CT 06002

Current Mailing Address:

900 COTTAGE GROVE RD.
BLOOMFIELD, CT 06002 US

FEI Number: 32-0222252

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: PERRY, JEFFREY
Address: 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title: AUTHORIZED MEMBER
Name: CONNECTICUT GENERAL LIFE INSURANCE COMPANY
Address: 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title: ASST. SECRETARY
Name: BERNIER, RHIANNON
Address: 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title: VP
Name: COOLIDGE, DEBORAH SUE
Address: 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title: VP
Name: CZAR, GREGORY
Address: 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title: ASSISTANT VICE PRESIDENT
Name: HALEY, WILLIAM
Address: 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title: VP
Name: HART, JOANNE
Address: 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title: TREASURER
Name: HART, JOANNE
Address: 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Continues on page 2

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALICIA MORROW

CORPORATE
SECRETARY

08/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name LAMBERT, SCOTT
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title CORPORATE SECRETARY
Name MORROW, ALICIA
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title PRESIDENT
Name PERRY, JEFFREY
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title ASSISTANT SECRETARY
Name TULLOCH, KIMBERLY
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title ASST. TREASURER
Name WARFORD, ELIZABETH
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title TREASURER
Name LAMBERT, SCOTT
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name OUGH, BRIAN
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title ASSISTANT SECRETARY
Name STADELMAN, JILL
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name WARFORD, ELIZABETH
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title ASST. SECRETARY
Name WEGRZYNIAK, HEATHER
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002