

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000528

Entity Name: EVERNORTH DIRECT HEALTH, LLC

Current Principal Place of Business:

900 COTTAGE GROVE RD.
HARTFORD, CT 06152

Current Mailing Address:

900 COTTAGE GROVE RD.
HARTFORD, CT 06152 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 WEIMER, KURT ALLEN
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title PRESIDENT
Name WEIMER, KURT ALLEN
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title VP
Name FREY, JOHN PATRICK
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title VP
Name HARON, C. DANIEL
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title VP
Name LAMBERT, SCOTT RONALD
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title VP
Name MCHALE, BARRY R.
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title ASST. TREASURER
Name MCHALE, BARRY R.
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title VP
Name SCHWARTZ, EDWARD W. MD
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

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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: SCOTT RONALD LAMBERT

VICE PRESIDENT

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name SLICE, MICHAEL D.
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title ASST. VICE PRESIDENT
Name STAMBAUGH, THOMAS O. JR.
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title ASST. TREASURER
Name RYAN, MAUREEN HARDIMAN
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title MEMBER
Name CONNECTICUT GENERAL LIFE INSURANCE
COMPANY
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title ASST. TREASURER
Name PETROV, STEPHAN
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title ASST. VICE PRESIDENT
Name PERRY, JEFFREY T.
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title ASST. TREASURER
Name PRESS, THERESA
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title ASST. SECRETARY
Name SHANK, JENNIFER A.
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title VP
Name PETROV, STEPHAN
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152

Title VP
Name RYAN, MAUREEN HARDIMAN
Address 900 COTTAGE GROVE RD.
City-State-Zip: HARTFORD CT 06152