## **2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000000181

Entity Name: HEALTH NETWORK GROUP, LLC

**Current Principal Place of Business:** 

5630 UNIVERSITY PARKWAY WINSTON-SALEM. NC 27105

**Current Mailing Address:** 

PO BOX 3199

WINSTON-SALEM, NC 27102 US

FEI Number: 47-2834406 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: ROSEMARIE GAGLIARDINO 04/29/2022

Electronic Signature of Registered Agent

Date

FILED Apr 29, 2022

**Secretary of State** 

4524382993CC

Authorized Person(s) Detail :

Title VP, PRODUCT Title MEMBER

Name SULLIVAN, SEAN Name NATIONAL GENERAL HOLDINGS

Address 5630 UNIVERSITY PARKWAY CORP.

Address 5630 UNIVERSITY PARKWAY

City-State-Zip: WINSTON-SALEM NC 27105

City-State-Zip: WINSTON-SALEM NC 27105

Title VP. OPERATIONS

Name SULLIVAN, ERIKA

Name KAYNE, JEREMY

Address 5630 UNIVERSITY PARKWAY

City-State-Zip: WINSTON-SALEM NC 27105

Address 5630 UNIVERSITY PARKWAY

ty-state-zip: WINSTON-SALEM NC 27105 City-State-Zip: WINSTON-SALEM NC 27105

Title CFO, VP

Name MACELLARO, PATRICK Name JAUHAR, MEGHAN

Address 5630 UNIVERSITY PARKWAY Address 5630 UNIVERSITY PARKWAY

City-State-Zip: WINSTON-SALEM NC 27105 City-State-Zip: WINSTON-SALEM NC 27105

Title CAO, VP Title SVP, TAX

Name BOLAR, DONALD Name GOLDSTEIN, MICHAEL

Address 5630 UNIVERSITY PARKWAY

City-State-Zip: WINSTON-SALEM NC 27105

Address 5630 UNIVERSITY PARKWAY

City-State-Zip: WINSTON-SALEM NC 27105

Continues on page 2

ΔS

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: MICHAEL GOLDSTEIN SVP, TAX 04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title COO

Name RENDALL, PETER

Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105