2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2025
Secretary of State
8114041363CC

DOCUMENT# M16000010187

Entity Name: INNOVISTA, LLC

Current Principal Place of Business:

814 COMMERCE DRIVE
SUITE 110
OAK BROOK, IL 60523

Current Mailing Address:

814 COMMERCE DRIVE
SUITE 110
OAK BROOK, IL 60523 US

FEI Number: 30-0802612

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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: AMANDA FARRELL, ASSISTANT VICE PRESIDENT 03/16/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	SECRETARY
Name	LIM, ARLENE K.
Address	300 EAST RANDOLPH STREET
City-State-Zip:	CHICAGO IL 60601

Title	CFO
Name	MILLS, ELIZABETH
Address	814 COMMERCE DRIVE SUITE 110
City-State-Zip:	OAK BROOK IL 60523

Title	MANAGER
Name	SPRINGFIELD, JAMES
Address	814 COMMERCE DRIVE SUITE 110
City-State-Zip:	OAK BROOK IL 60523

Title	CHIEF COMPLIANCE OFFICER
Name	WOLOWITZ, JILL A.
Address	814 COMMERCE DRIVE SUITE 110
City-State-Zip:	OAK BROOK IL 60523

Title	CHAIRMAN, MANAGER
Name	PRASAD, ARUN
Address	814 COMMERCE DRIVE SUITE 110
City-State-Zip:	OAK BROOK IL 60523

Title	MEMBER
Name	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY
Address	300 EAST RANDOLPH STREET
City-State-Zip:	CHICAGO IL 60601-5099

Title	CEO
Name	DESAI, JIGAR
Address	814 COMMERCE DRIVE SUITE 110
City-State-Zip:	OAK BROOK IL 60523

Title	ASST. SECRETARY
Name	SNYDER, JULIE
Address	814 COMMERCE DRIVE SUITE 110
City-State-Zip:	OAK BROOK IL 60523

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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: ARLENE K. LIM SECRETARY 03/16/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	MACKLIS, LAUREN
Address	814 COMMERCE DRIVE SUITE 110
City-State-Zip:	OAK BROOK IL 60523

Title	COO
Name	WILLHITE, MIA
Address	814 COMMERCE DRIVE SUITE 110
City-State-Zip:	OAK BROOK IL 60523

Title	MANAGER
Name	GUPTA, SACHIN
Address	814 COMMERCE DRIVE SUITE 110
City-State-Zip:	OAK BROOK IL 60523

Title	TREASURER
Name	SUTTON, LIL
Address	814 COMMERCE DRIVE SUITE 110
City-State-Zip:	OAK BROOK IL 60523

Title	MANAGER
Name	BERNER MD, MONICA
Address	814 COMMERCE DRIVE SUITE 110
City-State-Zip:	OAK BROOK IL 60523

Title	CHIEF TAX OFFICER
Name	WOMACK, SCOTT
Address	300 EAST RANDOLPH STREET
City-State-Zip:	CHICAGO IL 60601