2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000330

Entity Name: CROWE HEALTHCARE RISK CONSULTING LLC

Current Principal Place of Business:

320 E JEFFERSON BLVD
SOUTH BEND, IN 46601

Current Mailing Address:

ONE MID AMERICA PLAZA STE 700
OAKBROOK TERRACE, IL 46601 US

FEI Number: 43-1780399

FILED
Apr 12, 2021
Secretary of State
1045493716CC

Certificate of Status Desired: Yes

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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	MELFI, MITCH
Address	320 E JEFFERSON BLVD
City-State-Zip:	SOUTH BEND IN 46601

Title	MANAGER
Name	STRAMMELLO, STEVEN
Address	320 E JEFFERSON BLVD
City-State-Zip:	SOUTH BEND IN 46601

Title	MANAGER
Name	YUNKER, DANIEL
Address	320 E JEFFERSON BLVD
City-State-Zip:	SOUTH BEND IN 46601

Title	MANAGER
Name	FOSHAGE, ELIZABETH C.
Address	320 E JEFFERSON BLVD
City-State-Zip:	SOUTH BEND IN 46601

Title	MANAGER
Name	GAUTSCHI, DANIEL
Address	320 E JEFFERSON BLVD
City-State-Zip:	SOUTH BEND IN 46601

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: DANIEL YUNKER MANAGER 04/12/2021

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