

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002797

Entity Name: GEISINGER HEALTH PLAN, INC.**Current Principal Place of Business:**100 N. ACADEMY AVENUE
DANVILLE, PA 17822**Current Mailing Address:**100 N. ACADEMY AVENUE
DANVILLE, PA 17822 US**FEI Number:** 23-2311553**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	C
Name	LEE, THOMAS H M.D.
Address	100 N. ACADEMY AVENUE
City-State-Zip:	DANVILLE PA 17822

Title	T
Name	ROBERTS, KEVIN V MBA
Address	100 N. ACADEMY AVENUE
City-State-Zip:	DANVILLE PA 17822

Title	T
Name	WROBEL, KURT
Address	100 N. ACADEMY AVENUE
City-State-Zip:	DANVILLE PA 17822

Title	S
Name	BENDER, STEVEN ESQ
Address	100 N. ACADEMY AVENUE
City-State-Zip:	DANVILLE PA 17822

Title	S
Name	WEADER, DAVID J ESQ
Address	100 N. ACADEMY AVENUE
City-State-Zip:	DANVILLE PA 17822

Title	B
Name	ACKER, HEATHER M
Address	100 N. ACADEMY AVENUE
City-State-Zip:	DANVILLE PA 17822

Title	B
Name	BRAVMAN, JOHN C PHD
Address	100 N. ACADEMY AVENUE
City-State-Zip:	DANVILLE PA 17822

Title	B
Name	HOLCOMBE, V. CHRIS PE
Address	100 N. ACADEMY AVENUE
City-State-Zip:	DANVILLE PA 17822

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID WEADER**ASST. SECRETARY****01/11/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title B
Name LEE, THOMAS H JR., MD, MSC
Address 100 N. ACADEMY AVENUE
City-State-Zip: DANVILLE PA 17822

Title B
Name RYU, JAEWON MD, JD
Address 100 N. ACADEMY AVENUE
City-State-Zip: DANVILLE PA 17822