

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000005051

**FILED**  
**May 17, 2021**  
**Secretary of State**  
**5913142318CC**

**Entity Name:** EMPLOYERS HEALTH PURCHASING CORPORATION

**Current Principal Place of Business:**

4771 FULTON DRIVE NW  
CANTON, OH 44718

**Current Mailing Address:**

4771 FULTON DRIVE NW  
CANTON, OH 44718 US

**FEI Number: NOT APPLICABLE**

**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

**Officer/Director Detail :**

Title V CHAIRMAN  
Name TRUSHEL, MARK  
Address 4771 FULTON DRIVE NW  
City-State-Zip: CANTON OH 44718

Title SECRETARY / TREASURER  
Name SPEARS, MARK  
Address 4771 FULTON DRIVE NW  
City-State-Zip: CANTON OH 44718

Title CHAIRMAN  
Name CHADDOCK, JOE  
Address 4771 FULTON DRIVE NW  
City-State-Zip: CANTON OH 44718

Title DIRECTOR  
Name MARSICO, SUSAN  
Address 4771 FULTON DRIVE NW  
City-State-Zip: CANTON OH 44718

Title DIRECTOR  
Name PIETRA, GUY  
Address 4771 FULTON DRIVE NW  
City-State-Zip: CANTON OH 44718

Title DIRECTOR  
Name SPEICHER, TINA  
Address 4771 FULTON DRIVE NW  
City-State-Zip: CANTON OH 44718

Title DIRECTOR  
Name SPONSELLER, MARK  
Address 4771 FULTON DRIVE NW  
City-State-Zip: CANTON OH 44718

Title CEO  
Name GOFF, CHRISTOPHER  
Address 4771 FULTON DR NW  
City-State-Zip: CANTON OH 44718

**Continues on page 2**

*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: STEVEN BURGER**

**CFO**

**05/17/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CFO  
Name BURGER, STEVEN  
Address 4771 FULTON DR NW  
City-State-Zip: CANTON OH 44718

Title DIRECTOR  
Name LEE, RALPH  
Address 4771 FULTON DRIVE NW  
City-State-Zip: CANTON OH 44718

Title DIRECTOR  
Name SIDEL, TARA  
Address 4771 FULTON DRIVE NW  
City-State-Zip: CANTON OH 44718