#### **2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000005051

Entity Name: EMPLOYERS HEALTH PURCHASING CORPORATION

FILED
Jun 17, 2019
Secretary of State
6066235535CC

## **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: No

### 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	CHAIRMAN	Title	V CHAIRMAN
Name	TROY, GREG	Name	TRUSHEL, MARK

Address 4771 FULTON DRIVE NW Address 4771 FULTON DRIVE NW

City-State-Zip: CANTON OH 44718 City-State-Zip: CANTON OH 44718

TitleTREASURERTitleDIRECTORNameSPEARS, MARKNameCHADDOCK, JOE

Address 4771 FULTON DRIVE NW Address 4771 FULTON DRIVE NW
City-State-Zip: CANTON OH 44718 City-State-Zip: CANTON OH 44718

Title DIRECTOR Title DIRECTOR

Name NELSON, DOUG Name MARSICO, SUSAN

Address 4771 FULTON DRIVE NW Address 4771 FULTON DRIVE NW

City-State-Zip: CANTON OH 44718 City-State-Zip: CANTON OH 44718

TitleDIRECTORTitleDIRECTORNameMCLEOD, MARKNameMURRAY, ERIC

Address 4771 FULTON DRIVE NW Address 4771 FULTON DRIVE NW
City-State-Zip: CANTON OH 44718 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 06/17/2019

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name PIETRA, GUY

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 CFO

NameBURGER, STEVENAddress4771 FULTON DR NWCity-State-Zip:CANTON OH 44718

Title DIRECTOR

Name SPEICHER, TINA

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