

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850084

**Entity Name:** FRESENIUS HEALTH PLANS INSURANCE COMPANY

**Current Principal Place of Business:**

120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

920 WINTER ST  
TAX DEPT  
WALTHAM, MA 02451 US

**FEI Number:** 75-1461960

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INSURANCE COMMISSIONER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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 DIRECTOR, VP, TREASURER,  
SECRETARY

Name DICKISON, SCOTT

Address 920 WINTER ST  
TAX DEPT

City-State-Zip: WALTHAM MA 02451

Title VP

Name RADONOVA, MARIA

Address 920 WINTER ST  
TAX DEPT

City-State-Zip: WALTHAM MA 02451

Title DIRECTOR

Name GLEDHILL, KAREN

Address 920 WINTER ST  
TAX DEPT

City-State-Zip: WALTHAM MA 02451

Title OFFICER

Name KETCHERSID, TERRY

Address 920 WINTER ST  
TAX DEPT

City-State-Zip: WALTHAM MA 02451

Title DIRECTOR

Name GRAVES, MICHAEL

Address 920 WINTER ST  
TAX DEPT

City-State-Zip: WALTHAM MA 02451

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN GLEDHILL

**SECRETARY**

**05/01/2021**

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

\_\_\_\_\_  
Date