

2018 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, PRESIDENT
Name MCKINNEY, WILLIAM
Address 920 WINTER ST
TAX DEPT
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name KOTT, DOUG
Address 920 WINTER ST
TAX DEPT
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR, VP
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 SECRETARY, VP
Name GLEDHILL, KAREN
Address 920 WINTER ST
TAX DEPT
City-State-Zip: WALTHAM MA 02451

Title TREASURER
Name MELLO, BRYAN
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: BRYAN MELLO

TREASURER

04/06/2018

Electronic Signature of Signing Officer/Director Detail

Date